

FEDERAL SECURITY AGENCY • Social Security Administration • Washington, D. C.

Social Security Bulletin

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May 1951

Volume 14

Number 5

Public Assistance Concepts in an International Agency

Independent Plans Providing Medical Care and Hospital
Insurance: 1950 Survey



THE SOCIAL SECURITY BULLETIN is published monthly under authority of Public Resolution No. 57, approved May 11, 1922 (42 Stat. 541), as amended by section 307, Public Act 212, Seventy-second Congress, approved June 30, 1932. The printing of this publication has been approved by the Director of the Bureau of the Budget (Sept. 11, 1950).

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The BULLETIN is prepared in the Division of Research and Statistics, Office of the Commissioner, Social Security Administration. It reports current data on operations of the Social Security Administration and the results of research and analysis pertinent to the social security program, and is issued primarily for distribution to agencies directly concerned with the administration of the Social Security Act. Statements in articles do not necessarily reflect final conclusions or official policies of the Social Security Administration. Any part of this publication may be reproduced with appropriate credit to the BULLETIN.

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Social Security in Review

IN FEBRUARY, for the first time since July 1945, caseloads decreased simultaneously for three types of assistance—old-age assistance, aid to dependent children, and general assistance. Reductions were small, amounting to only 0.2 percent each in old-age assistance and aid to dependent children and 1 percent in general assistance. Although the drop for old-age assistance was slight, it brought the monthly number below that for February of the previous year.

February decreases in caseloads were most widespread in old-age assistance, occurring in 40 States, as compared with declines in 24 States for aid to dependent children and in 26 States for general assistance. The total number of persons receiving aid to the blind remained at about the January level, though half the States reported smaller caseloads.

Fewer persons have applied for assistance in recent months than in the corresponding months of the preceding year. In the 4 months October 1950-January 1951, the numbers of applications received for old-age assistance and aid to dependent children were less than four-fifths those in the 4 months that ended with January 1950. In the 28 States reporting the number of applications for general assistance, the total for October 1950-January 1951 was only about three-fifths of that in the corresponding period of the previous year. A smaller decrease—about one-tenth—occurred in applications for aid to the blind. Demands for workers in cities, new opportunities to qualify for old-age and survivors insurance benefits, and the new program for aiding dis-

abled persons have reduced the number of applications for these types of assistance.

Aid to the permanently and totally disabled was received by nearly 75,000 persons in 28 States in February. Payments under this category were initiated in Colorado, Michigan, and West Virginia, but few persons in these States received payments for February. Most of the expansion in the total caseload since January (about 6 percent) occurred in States that began the program earlier. As in other months, the majority of the new cases came from the general assistance program.

The increase of 7 percent in the payments for aid to the permanently and totally disabled and the slight increases in those for aid to dependent children and aid to the blind were more than offset by decreases in total payments for old-age assistance and general assistance, so that expenditures for all types of assistance were less than those in January by \$500,000. The average payment for old-age assistance in Colorado fell off \$14 because recipients in January had received the temporary increase in payments that occurs in this State at the end of a calendar year. An \$18 increase per family in the amount paid under aid to dependent children in Iowa resulted from the elimination of an earlier 15-percent cut in the proportion of the recipient's requirements met by assistance and other income.

IN OLD-AGE AND SURVIVORS INSURANCE the number of beneficiaries increased by more than 100,000 for the fifth consecutive month. The February in-

crease was 101,000; by the end of the month, 3.7 million persons were receiving monthly benefits amounting to \$134.1 million. About 80 percent of this amount (almost \$108 million) was being paid to the 2.8 million beneficiaries aged 65 or over—old-age beneficiaries, their wives or dependent husbands, aged widows or dependent widowers, and dependent parents. This aged group has increased by 38 percent in the past 12 months; it comprised three-fourths of the total number of beneficiaries receiving benefits at the end of February and was responsible for more than four-fifths of the February increase in the number of beneficiaries.

The liberalized eligibility requirements under the 1950 amendments to the Social Security Act have, of course, affected the number and average monthly amount of old-age benefits. An analysis of the benefits awarded and in current-payment status during September-November—the first 3 months after the effective date of the amendments—is presented on page 21.

Monthly benefits newly awarded in February totaled 136,500. Old-age benefit awards declined for the third consecutive month, to 77,600, but were still almost three times higher than in February 1950. Almost 23,800 benefits were awarded to wives or dependent husbands of old-age beneficiaries; this figure includes awards to wives under age 65 who have a child beneficiary in their care. A report on the number of awards of the new types of benefits for which provision was made in the 1950 amendments appears on page 25.

The 20,300 child's benefits awarded

in February were only slightly less than the record number awarded in the previous month; this figure includes both the children of old-age beneficiaries and the surviving children of deceased workers. Although separate figures for the two groups are not yet available, indications are that the number of children of old-age beneficiaries declined significantly and that the high level of child's benefit awards was maintained because of a corresponding increase in the number of survivor children. This increase in the number of child's survivor benefit awards is due to (1) the increase in the number of insured deaths, which reflects the liberalization in the insured-status requirements that made insured many workers who under the former provisions would have died uninsured, and (2) the liberalization in the dependency requirements for payment of child's benefits based on the deceased mother's wage record.

The increase in the number of insured workers also affected the awards of other types of benefits. Almost 7,700 widow's or widower's benefits and 6,700 mother's benefits were awarded in February, both figures being new all-time highs. The 360 parent's benefits awarded were more than for any other month since June 1947. Lump-sum death benefits amounting to \$4.3 million were awarded with respect to 30,600 deceased workers in February, only slightly less than the record number represented in the January awards.

The sharp upward trend in the number of employer and employee account numbers assigned under the old-age and survivors insurance program continued through February. More than two-thirds of the new employer numbers were assigned to employers of newly covered farm and household workers and nonprofit organizations.

There was continued activity with respect to coverage of State and local governmental employees under Federal-State agreements. By the end of March, six States (Arkansas, California, Connecticut, Florida, Massachusetts, and New Jersey) had agreed to extend their State coverage to State and local government employees under the Federal-State agreements. By the end of March, six States (Arkansas, California, Connecticut, Florida, Massachusetts, and New Jersey) had agreed to extend their State coverage to State and local government employees under the Federal-State agreements.

(Continued on page 25)

Selected current statistics

[Corrected to Apr. 9, 1951]

Item	February 1951	January 1951	February 1950	Calendar year	
				1950	1949
<i>Labor Force¹ (in thousands)</i>					
Total civilian	61,313	61,514	61,637	63,090	62,105
Employed	56,905	59,010	56,953	59,957	58,710
Covered by old-age and survivors insurance ²			33,457	35,165	33,314
Covered by State unemployment insurance ³	34,100	33,800	30,607	32,809	31,581
Unemployed	2,407	2,503	4,684	3,142	3,398
<i>Personal Income⁴ (in billions; seasonally adjusted at annual rates)</i>					
Total	\$241.0	\$240.9	\$215.4	\$223.2	\$206.1
Employees' income ⁵	161.8	159.9	133.9	144.9	134.5
Proprietors' and rental income	47.7	49.3	41.0	43.6	41.7
Personal interest income and dividends	19.1	19.0	17.7	19.2	17.2
Public aid ⁶	2.4	2.4	2.5	2.4	2.2
Social insurance and related payments ⁷	6.7	6.8	7.1	6.4	6.8
Veterans' subsistence allowances ⁸ and bonuses	1.5	1.6	2.1	2.3	2.0
Miscellaneous income payments ⁹	1.8	1.9	11.1	4.4	1.7
<i>Old-Age and Survivors Insurance</i>					
Monthly benefits:					
Current-payment status ¹⁰					
Number (in thousands)	3,707	3,605	2,825		
Amount (in thousands)	\$134,091	\$130,883	\$56,074	\$1,018,149	\$655,852
Average primary benefit	\$43.38	\$43.55	\$36.12		
Awards (in thousands):					
Number	136	152	58	963	682
Amount	\$4,391	\$4,836	\$1,315	\$26,234	\$15,343
<i>Unemployment Insurance¹¹</i>					
Initial claims (in thousands)	753	1,054	1,207	12,251	17,660
Weeks of unemployment claimed (in thousands)	4,260	5,414	9,504	78,654	102,612
Weeks compensated (in thousands)	3,532	4,470	8,111	67,809	86,638
Weekly average beneficiaries (in thousands)	883	972	2,028	1,304	1,066
Benefits paid (in millions) ¹²	\$71	\$90	\$167	\$1,373	\$1,737
Average weekly payment for total unemployment	\$80.71	\$80.87	\$81.00	\$80.78	\$80.47
<i>Public Assistance</i>					
Recipients (in thousands):					
Old-age assistance	2,700	2,767	2,762		
Aid to dependent children:					
Families	640	641	622		
Children	1,637	1,639	1,581		
Aid to the blind	95	96	94		
Aid to the permanently and totally disabled ¹³	75	71	626		
General assistance	415	419	626		
Average payments:					
Old-age assistance	\$35.11	\$35.36	\$44.50		
Aid to dependent children (per family)	74.58	75.65	75.57		
Aid to the blind	46.60	46.43	46.13		
Aid to the permanently and totally disabled	45.40	44.82	44.82		
General assistance	47.19	47.43	49.24		

¹ Continental United States only. Estimated by the Bureau of the Census, except as noted. Monthly employment figures represent specific week and annual figures, average week (unemployment insurance data represent pay period instead of week).

² Estimated by the Bureau of Old-Age and Survivors Insurance. Data for January and February, 1950, not available.

³ Data from the Bureau of Employment Security, Department of Labor.

⁴ Data from the Office of Business Economics, Department of Commerce. Continental United States, except for employees' income, which includes pay of Federal civilian and military personnel in all areas.

⁵ Civilian and military pay in cash and in kind, other labor income (except workmen's compensation), mustering-out pay, terminal-leave pay, and Government contributions to allowances for dependents of enlisted personnel. Excludes employee contributions under social insurance and related programs.

⁶ Payments to recipients under the 4 special public assistance programs and general assistance.

⁷ Includes old-age and survivors insurance benefits; railroad, Federal, State, and local retirement benefits; veterans' pensions and compensation; workmen's compensation; State and railroad unemployment insurance and temporary disability benefits; and readjustment allowances to veterans under the Servicemen's Readjustment Act.

⁸ Under the Servicemen's Readjustment Act.

⁹ Includes payments under the Government life insurance, national service life insurance, and military and naval insurance programs, the Government contribution to nonprofit organizations, business transfer payments, and recoveries under the Employer's Liability Act for railroad workers and seamen.

¹⁰ Benefit in current-payment status is subject to no deduction or only to deduction of fixed amount that is less than the current month's benefit.

¹¹ Monthly amounts, gross; annual amounts adjusted for voided benefit checks and benefit refunds.

¹² Program initiated October 1950.

Public Assistance Concepts in an International Agency

by MARIE DRESDEN LANE*

The International Refugee Organization, after more than four years of operation as one of the specialized agencies of the United Nations, is to be terminated in October of this year. Now seems an appropriate time, therefore, to consider the new meaning given to the phrase "international social work" through the operations of the Organization and those of its predecessor—the United Nations Relief and Rehabilitation Administration—in caring for the millions of persons displaced by World War II.

The Social Security Administration has had a more than professional interest in the IRO. Personnel from the Administration were on the IRO staff, and the Commissioner for Social Security, Arthur J. Altmeyer, acted as Executive Secretary of the Preparatory Commission.

Mrs. Lane, who was chief of the IRO'S Welfare Division, Department of Health, Care and Maintenance, between April 1948 and September 1950, has summarized certain phases of her experience in the following article.

INTERNATIONAL social work is a phrase that has been used frequently during the past few years. Seemingly it means one thing to one person in the United States, something else to another; to persons in other countries the phrase may have still other meanings. Within these variations is there a body of common concepts of social work—a kind of international common denominator—that can be applied anywhere and everywhere that work is done with people in need of assistance and services?

Some part, at least, of an answer to the question was found when social workers from many different countries worked together in the International Refugee Organization, Department of Health, Care and Maintenance, Welfare Division. Social workers from the United States were especially interested in finding out which of the policies and concepts developed by the Social Security Administration for administering the State-Federal programs of assistance are applicable in assisting needy, helpless, and stranded people in nearly every part of the world.

It was almost immediately evident

that there were some common concepts in social work—concepts that had developed through long and varied experience in voluntary and religious agencies and in government programs in various foreign countries. In the application of these common concepts and in the application of the more specifically American concepts and principles, there was a wide range of difference.

To understand the background against which the question has been answered in the work of the IRO, it is necessary to have clearly in mind that agency's scope and responsibilities. There can be no better way to give these than to quote from the preamble of the Constitution, approved by resolution of the General Assembly of the United Nations on December 15, 1946.

The Governments accepting this Constitution,

RECOGNIZING:

that genuine refugees and displaced persons constitute an urgent problem which is international in scope and character; that as regards displaced persons, the main task to be performed is to encourage and assist in every way possible their early return to their country of origin;

that genuine refugees and displaced persons should be assisted by international action, either to return to their countries of nationality or former habitual residence, or to find new homes elsewhere, under the conditions provided for in this Constitution.

that re-settlement and re-establishment of refugees and displaced persons be contemplated only in cases indicated clearly in the Constitution; that genuine refugees and displaced persons, until such time as their repatriation or re-settlement and re-establishment is effectively completed, should be protected in their rights and legitimate interests, should receive care and assistance and, as far as possible, should be put to useful employment in order to avoid the evil and anti-social consequences of continued idleness; and that the expenses of repatriation to the extent practicable should be charged to Germany and Japan for persons displaced by those Powers from countries occupied by them.

HAVE AGREED:

for the accomplishment of the foregoing purposes in the shortest possible time, to establish and do hereby establish a nonpermanent organization to be called the International Refugee Organization, a specialized agency to be brought into relationship with the United Nations . . .

the functions of the Organization to be carried out in accordance with the purposes and the principles of the Charter of the United Nations, shall be: the repatriation; the identification, registration and classification; the care and assistance; the legal and political protection; the transport; and the re-settlement and re-establishment, in countries able and willing to receive them, of persons who are the concern of the Organization under the provisions of Annex I.

Annex I of the Constitution defines "refugees" and "displaced persons" and is, in effect, a book of instructions to the IRO. The amount of thought that went into it is impres-

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sive; quite obviously the authors saw with great clearness what they wanted the Organization to do and with equal clearness some of the things they did not want it to do. They foresaw, too, many of the difficulties, including those of definitions and interpretations, that would have to be made. It was fortunate that they set down in black and white some of these principles as rules binding the Organization. Many times this action saved the administration of the IRO from what would have been serious disagreements and even impasses. Though lawyers later found fault with some of the provisions, there was general agreement that the detailed provisions were on the whole good and that the underlying principles and concepts were excellent.

Annex I was useful, also, in reiterating and emphasizing that it should be the concern of the IRO that "no bona fide and deserving refugee or displaced person" should be deprived of such assistance as it could give; and that its solutions respecting persons and families should be "rapid and positive" and "just and equitable to all concerned." These statements were life-saving criteria in many a discussion involving different points of view and the emotions wrought by war. Another contribution of Annex I was its specific recommendation that "to ensure the impartial and equitable application" of principles and definitions, some special semi-judicial machinery be created—in other words, an appeal board.

In the beginning it was estimated that there were approximately 1.5 million stranded or displaced persons within the mandate of the International Refugee Organization. Actually, 1,496,434 persons were found eligible for the services of the Organization from July 1, 1947, to September 30, 1950, while about 400,000 persons applied for and were denied its services. Though most of the refugees were in 11 European countries, some were found in China, East Africa, India, Lebanon, and the Philippines.¹

¹ Services and assistance were given to refugees and displaced persons in Austria, Belgium, China, Denmark, East Africa, France, Germany, Greece, Italy, Lebanon, Luxembourg, the Netherlands, the Philippines, Portugal, Spain, Syria, Turkey.

Work was begun under a Preparatory Commission, and the fully formed International Refugee Organization came into existence when 15 States had signed the Constitution and met the required financial responsibilities.²

Obviously, a tremendous number of specialized skills were required in the personnel of an organization that was to carry out the orders of the United Nations. The work needed lawyers, doctors, experts in transportation, specialists in the purchase of supplies, auditors, persons who knew how to prepare budgets, interpreters, statisticians, educators, dietitians, and others.

From the beginning, social work was recognized as one of the most important of these skills. Social workers were inherited from the United Nations Relief and Rehabilitation Administration or recruited from many countries, most of them from the 18 that finally became IRO members. Since the apportionment of personnel bore a fairly close ratio to the financial contributions that these countries made to the Organization, most of the social workers were recruited from Australia, Belgium, Canada, Denmark, France, the Netherlands, Switzerland, the United States, and the United Kingdom. But there were also substantial numbers from other countries, including New Zealand, Norway, and Sweden.

Naturally, these workers had had different kinds and degrees of training. They were drawn from various specialized fields of social and welfare work. They differed in their early education, in their familiarity with languages, in their national prejudices and outlooks. Thus, they came to their tasks with widely varying experience and backgrounds. There were both men and women in the group; most of them were between 25 and 50 years

² Member nations finally numbered 18. Members without reservation: Australia, Belgium, Canada, China, Denmark, the Dominican Republic, France, Guatemala, Iceland, Italy, Luxembourg, the Netherlands, New Zealand, Norway, Switzerland, the United Kingdom, the United States, and Venezuela. Signatories to the Constitution, but with ratification incomplete: Argentina, Bolivia, Brazil, Honduras, Liberia, Panama, Peru, and the Philippines. Representatives of these countries are present at Council meetings as observers.

of age. They were not, however, quite so heterogeneous a group as the foregoing statements might imply, for they had been chosen with care, had some common professional concepts, were in sympathy with IRO aims, and the greater number had a common European background.

Many of them were required, of course, to work in strange settings. A few were on headquarters staff, located in Geneva, but they frequently made field trips. Some worked out of the IRO national headquarters in sovereign countries, and others were stationed in local offices. Some spent all or most of their time in countries they knew or were natives of. Some were assigned to camps or centers where displaced persons or refugees were assembled. Some were in countries that had been on the side of the Allies; some were in liberated countries; others were in the occupied zones of ex-enemy countries. Their duties ran the gamut of everything that a social worker has ever been asked to do—and included some, perhaps, that no social worker had ever before been asked to do. Nevertheless, the problems they dealt with were still the problems of human beings in need of some kind of guidance, advice, or assistance. The milieu of their operations was extraordinary, and the solutions were often without precedent.

European social workers were often not familiar with many of the social work principles and procedures that seem basic to Americans. Some of them had been used to more authoritarian approaches and were ready to insist that their own suggestions and plans be accepted by the person needing help. It was hard, too, for a social worker of one nationality to be as objective and professional in dealing with the refugees and displaced persons of certain other nationalities as the United Nations clearly meant the IRO to be.

The question was not only one of national prejudices, but also one of inexperience in understanding and assisting persons of habits and cultures different from their own. Then, too, there were historical ties and sympathies that would creep into the picture; in other words, both likes and dislikes influenced attitudes. Ob-

vious, also, were the consequences of German occupation of France, of the Low Countries, of Norway and Denmark. Indeed, many IRO staff members themselves had been imprisoned or interned. It was inevitable that the result was often to make attitudes toward emigration from Germany and Austria emotional rather than professional and objective. At the same time, there were many European social workers who felt a deep conviction of the dignity of a human being, no matter what his circumstances might be and no matter what his background may have been.

In this area the experience of staff from the Federal Security Agency with the problems of State-Federal relationships had some special value. IRO headquarters in Geneva was in a position somewhat analogous to that of the national office of the Federal Security Agency in Washington. It was in charge of a program involving the governments of sovereign countries and occupied territories that had their own laws, regulations, and plans and that participated in the financing of their own program and the total program of care, maintenance, and services to refugees. The Americans were used to varying patterns and ways of life, to say nothing of varying State plans for public welfare, and were accustomed to making adjustments among different desires and ways of life.

The interplay of the forces, problems, and personalities involved will become both clearer and more interesting if the huge job of the IRO is considered in terms of its component operations. Possibly the most typical operations in the field of social work concern eligibility, fair hearing, safeguarding of information, counseling, freedom of choice, suitable home, residence, unrestricted money payment, standard of need, client participation, and State-Federal relations.

Throughout the article, reference is made to Social Security Administration policy on these and related questions to bring out similarities and differences in approach and in practice.

Eligibility

The basic procedures for the establishment of eligibility under the IRO

program were written in its early days and have held throughout the program, although interpretations and instructions based on experience, new information, and changing circumstances were issued from time to time.

These procedures embodied a number of the principles that have been established in this country under the Social Security Act. To be approved for the purpose of Federal grants-in-aid, under the policies developed by the Bureau of Public Assistance, a State plan for public assistance must identify the conditions of eligibility; indicate the sources of factual information acceptable as a basis for establishing eligibility and provide for at least one interview with the applicant; identify the conditions of eligibility subject to change; and assure that no one is denied the opportunity to apply for assistance. Establishment of eligibility is considered the joint responsibility of the agency and the applicant; the primary source of information is the applicant.

To benefit from the services of the IRO, each refugee or displaced person applied in person or in writing, and the organization determined, under the terms of the Constitution, his eligibility for all or some of those services. No groups were adjudged eligible as groups.

National leaders of the refugees, voluntary societies, and the press had given wide publicity to the establishment of the IRO, and as soon as the preliminary administrative structure was set up, a flood of applications for assistance was received in all countries concerned. Immediate steps were taken, therefore, to advise the field staff as to eligibility requirements. The scope had been broadly outlined in the Constitution, but the application process, the interview, the types of sources of information acceptable for determination of eligibility, the necessity for providing a process whereby continuing status of eligibility could be guaranteed, and the method by which these people could "be protected in their rights and legitimate interests" needed immediate definition and clarification.

The application process consisted of five elements:

1. The applicant was provided with

all necessary information concerning IRO services and requirements.

2. If the applicant decided to make formal application for one or more services, he filled out and signed an application blank, which the IRO pledged to hold confidential except for administrative purposes or to use with the applicant if necessary for future emigration purposes.

3. The primary source of information was the applicant, and he was expected to produce his own documents and proof of eligibility. The eligibility officers gave such assistance as the applicant requested or needed, but it was supplementary. The applicant was fully informed that his statements would be checked against existing records, both civil and military. The Constitution explicitly excluded from the program quislings, traitors, and war criminals; it also provided that "nothing should be done to prevent in any way their surrender and punishment" and that "IRO assistance be not exploited in order to encourage subversive or hostile activities directed against the governments of any of the United Nations."

4. Continuous review of eligibility was not carried on for all displaced persons and refugees declared within the mandate of the IRO. Instead, special and individual interviews and hearings were held when new information or new records came to light relating to the activities of persons or groups during the war and immediately thereafter.

5. The applicant was given a card stating plainly that he was not within the mandate of the IRO or that he was within the mandate, in which case the card listed the types of services for which he was eligible.³

Fair Hearing

One of the important and far-reaching provisions of the Social Security Act relating to public assistance is the requirement that an applicant whose claim has been denied

³ Agreements with the governments of the various countries in which the refugees were situated ensured that bearers of these IRO documents were accorded "best favored nation" treatment. In other words, the documents permitted the refugees to move, within certain limits, freely about the country.

must be given an opportunity for a fair hearing. This principle was accepted by the IRO.

At the time of the IRO's initial ruling on eligibility, the individual whose application was denied for all or any services was advised of his right to a hearing before an eligibility appeal board that was independent of the administrative machinery in the areas of operation. The Appeal Board, which was responsible directly to the Director General, was located in Geneva. Members of the board traveled in circuit to the areas for hearings, since refugees and displaced persons usually had no travel documents, and currency difficulties presented an added and almost insuperable obstacle.

The hearings were numerous, since being declared "eligible" or "within the mandate of the IRO" carried legal and political protection, and, for most refugees, the right to services, assistance, and resettlement. All hearings were carefully recorded, and provision was made for a second appeal in case the refugee found new data or new evidence to support his application.

The Appeal Board circulated examples of their findings to the eligibility officers, so that they had a body of material to assist and guide them.

Safeguarding Information

A new approach in the United States to the rights of persons receiving public assistance was signaled by the provision written into the Social Security Act in 1939. This provision forbids the use or disclosure of information regarding applicants for assistance except for purposes directly connected with the administration of the public assistance programs.

The IRO also placed great emphasis on confidentiality of information. The basic application—the "eligibility document"—was held as confidential according to the pledge that had been given to the refugees and displaced persons when the first applications were made. These people had been interviewed and reinterviewed, screened and rescreened, by civil and military authorities until they were thoroughly tired of it. They were fearful as well; indeed, many were in a state of panic through fear of

persecution by those from whom they had fled. These documents were therefore kept in a folder separate from other records—health, social, educational, and the like. They were used only with the refugee if necessary for resettlement purposes. So strict was the rule concerning confidentiality of records that the records were kept under lock and key, and only international staff of a supervisory grade could alter a record or use it with an immigration officer.

Counseling

In the summer of 1948, it became apparent that more detailed knowledge of the characteristics of the remaining IRO caseload was essential for purposes of planning. The mass repatriation movements had been completed, and reports from the field indicated that many families had been rejected for emigration by more than one selection mission because of illness in the family, age, the number of dependents in relation to the number of wage earners, irregular marital relations, or some other reason. The Welfare Division therefore instituted a "counseling" program, with the aim of interviewing and building a case record on all families or individuals who apparently were unable to emigrate. The project started with the more obvious groups—the aged, ill, or institutionalized; unmarried mothers; and widows or widowers with young children. Here, too, the pattern followed was one familiar to American social workers—individual interviews, explanation of the confidentiality of records, encouragement of the client to state his problem and make his own choice of possible solutions, and referral of the client to specialized services of the IRO and to those available in the country of present residence through either public or private agencies.

The techniques for this counseling service were based on the principles and procedures already used in the application and determination-of-eligibility processes, described above, and those developed by the Bureau of Public Assistance. Later, this counseling procedure was adopted for use by the resettlement officers so that each refugee or displaced person could be interviewed individually; ad-

vised fully of the choices open to him in repatriation, resettlement, or special services; and be given an opportunity to state his choice. If he made no choice or did not utilize the available services, he was informed that he was, in effect, electing to remain in whatever circumstances he might find himself when the IRO closed. He was, moreover, under no compulsion to remain under the protection of the IRO.

Freedom of Choice

The IRO operated a variety of rehabilitative, health, and educational programs, as did many international voluntary societies operating overseas, many local voluntary agencies, and a number of European governments. These services included—especially in the IRO operations in Germany, Austria, and Italy—an elaborate health and sanatoria program, medical rehabilitation centers, schools, vocational training services, legal offices, language-training schools, and child welfare and casework services. Referral was made to the appropriate service, either to improve the client's chances for resettlement or assist him in his future life in his country of present residence. The advantages and disadvantages connected with the referral were pointed out to the client; the choice was his.

This concept was a difficult one for certain of the European workers to accept. They agreed to the eligibility and application procedure, not because of the basic principle involved but because "a refugee and his records must be protected; he may have relatives behind the Iron Curtain; quislings will locate him," and so on. Choice was something else again. When the question was one of specialized services and emigration as opposed to the refugee's remaining where he was, the attitude was sometimes dogmatic. "He must go and learn a trade; they must get married; he must reunite with the rest of the family; he must undergo medical rehabilitation; he must emigrate here, there or yonder." Why? Because, the workers were convinced, "It is best for him. We know best." The supervisors were, on the whole, successful in combating this feeling, and there was little difficulty, eventually,

in implementing the principle that "it must be the client's own choice," arrived at after full knowledge and discussion of the pros and cons.

When the first interviewing for eligibility began, and later when an interview was conducted for the analysis of the characteristics of the caseload, each refugee head of a family—man or woman—defined to the interviewer his "family"; he and the group decided this question between themselves. The group might be a "family" in the commonly accepted meaning of the word; an older son might assume the position of "head"; sons-in-law, daughters-in-law, aunts, uncles, grandparents were often included. During the wanderings and migrations, families had become separated by national boundaries, parents had died, and, as a result, new unions and families had been set up without legal or religious regularization, which was indeed often impossible to effect.

With such situations the IRO did not interfere except (1) to assist if the adults requested legal services in order to establish presumption of death, to obtain a divorce from a spouse who had remained in the homeland, or to regularize their union; and (2) to advise the group as to problems in regard to resettlement in certain countries if the size and composition of the "family" group did not conform to the immigration policy of that country or if regularization of the union was essential to resettlement to the country chosen.

Suitable Home

In postwar Europe the IRO faced some of the problems raised by the concept of "suitable homes." Large numbers of unaccompanied children and youth had been placed in installations set aside solely for their use by UNRRA. These "children's homes" and "youth centers" were continued by the IRO pending placement of each child on an individualized basis. But during the period of wandering, many other unaccompanied children and youth had attached themselves to families to which they may not have been related, and these children had not been turned over to UNRRA. During the two interviewing programs mentioned above, many children and

youth were found in these circumstances; for each of those children an individual case record was made, and an immediate search for relatives was instituted.

At the same time, the Child Search Branch of the International Tracing Service was locating unaccompanied children and youth who had been placed by the Hitler regime in German and Austrian families or who had been picked up and cared for by these families.

It was when working with these two groups—children and youth living with refugee families and in German and Austrian families—that the struggle arose concerning the concept of suitable home. With it came all the related problems familiar to welfare and child welfare workers—the families' and the child's emotional relationship; the demands of relatives; the demands—legal and otherwise—of the countries of origin; the rules and regulations of the occupying authorities; the position of the clergy of the church with which the child was affiliated; legal guardianship. In this area there appeared little or no conflict between the concepts and principles of American and European child welfare workers. Painstakingly, carefully, over months and years, they documented and analyzed the cases and conferred with child and parents and relatives, attempting to work out a suitable and feasible plan with as little heartbreak as possible.

Residence

It is now accepted policy in public assistance administration in the United States that the choice of the place where an individual lives or resides is one that he makes for himself.

The IRO also had this problem of residence and in an aggravated form. The refugees, however, were not living freely or even normally; they were where fate had flung them or where governments of good will gave them sanctuary. They had become or made themselves stateless; they had no passports or valid travel documents. Theoretically, they were free to find a home or room to live in and, in some areas and countries, a job. The IRO imposed no restriction on

movement within the laws, rules, and regulations in effect in the sovereign state or occupied territory.

There were, therefore, refugees living in houses or rooms of their own choice, even in Germany and Austria. About half the persons making up the caseload in Italy, one-third of them in the French Zone of Germany, and all in Belgium, China, France, Lebanon, and the Netherlands lived wherever they chose. No question was raised concerning this freedom of movement, and many of the refugees applied for and received passports to cross national borders on business or to see relatives. In Germany and Austria, however, no provision, under the statutes of the occupying authorities, could be made for care and maintenance except in camps operated by the IRO, though other services were granted on application. As a result, the refugee who could not find a job and a place to live had perforce to enter a camp.

Unrestricted Money Payment

Before 1933, assistance to needy persons in the United States was frequently given in the form of assistance in kind, such as grocery orders and rent orders. The Federal Emergency Relief Administration and the Social Security Act substituted the principle of the unrestricted money payment. The amount of the payment is based on the recipient's need, but the use of the payment is his right and his responsibility; like any other self-respecting member of the community, he determines how he shall use his money.

A mass relief program, such as the operation of refugee camps, must rely on assistance in kind. Where possible, however, the IRO employed money payments.

Money payments were made to refugees living out of camp who were in need. In Belgium, France, the Netherlands, and Switzerland and in northern Italy and the Middle East there were no camps as such, and the refugees moved about freely within the boundaries of the country, had more or less freedom to work, and received cash assistance in the form of an unrestricted money payment on a basis of need. The children were subject to the local school at-

tendance and work permit regulations. Indeed, in many instances, the countries encouraged and aided the youth to attend trade schools, colleges, and universities; and the IRO provided care and maintenance for any bona fide student in all areas of operation.

The concept of the unrestricted money payment was not entirely agreed upon by all workers. There was a strong tendency on the part of many workers—both European and American—to instruct or supervise the refugees in their expenditures. In discussions of this concept, these workers would evade the basic principle or issue and would fall back on age-old arguments, such as "there is so little money," "the public will object," and, finally, "the Constitution says they shall not exploit the resources of the agency." Many of the workers were of two minds concerning refugees and their handling of money; they tended to be overly protective and somewhat emotional on the subject and at the same time to be suspicious of the refugee's motives and his ability to manage his own affairs.

In practice, most of the refugees enjoyed an unrestricted money payment. The reason was that there were not enough social workers to make regular home visits to refugees scattered throughout the towns and villages, rather than a conviction on the part of the workers concerning the refugees' right to manage their own funds.

Standard of Need

Determination of need presented the same difficulties in the IRO as in a State public welfare agency in the United States. The State assistance plans must provide that the payment be based on determination of the amount of assistance needed. If assistance funds are not sufficient to meet all need, the plan must include a method of adjusting individual payments that can be applied throughout the State and will be in effect in all localities.

The two methods used in the camps by the IRO to provide aid—cash assistance on a basis of need and assistance in kind—were both difficult of regulation and administration. Fi-

nancial limitations, the completely unpredictable number of refugees to be served, the familiar question of preferential treatment for refugees in standards of food and medical care—all vexed and harassed the Organization in every area of operation.

How to give similar treatment in similar circumstances was a serious problem. In Germany, for example, there were 8 million "refugees" not within the mandate of IRO; the civilian population received food computed on a varied caloric scale, and the IRO was under instructions from the occupying authorities not to exceed, in its food for refugees, the level accorded the nationals—a level that was most difficult to determine. Moreover, the nationals could, presumably, augment income and food in a variety of ways. The French and British Zones had their own methods of computation. The IRO was able, however, with a few exceptions, to standardize the clothing and amenity issues, the food for vulnerable groups, and the cash allowance and to bring the basic food issue into some degree of conformity with that of the nationals.

In France, where earlier legislation had established a set sum for assistance for refugees, the problem of preferential treatment presented itself again but in a new aspect. France had not participated in the UNRRA program and had worked out its own procedure for refugee care. Refugees were listed in four main categories—the "old" or statutaire group (for example, the Russian émigrés of 1918-22 and the Armenian refugees), who had rights and privileges established by statute; Spanish refugees; refugees who had arrived before or during World War II; and the "neo" refugees, who began coming across the open French border in 1946-47.

The first two groups received preferential treatment in cash assistance; this assistance was higher than that accorded to nationals under the French social security system. The World War II refugees received assistance administered by voluntary agencies under agreement with the IRO and the French Government. The rate of assistance was set arbitrarily within the grant made to France and in some relation to the

number of refugees; there was no over-all standard except as an agency set one, and several did not. "Neo" refugees received inferior assistance, since no funds were available for their use and reliance had to be placed on local agencies and unexpended funds. Frequently emergency measures had to be taken by the IRO to help new refugees who were not assisted by the French Government.

After long and complicated negotiations, including an inquiry into the cost of living and local assistance standards, the four caseloads were merged into one, and the task of setting up individual case records and determining the scale of grants was placed in the hands of one agency—the Société Social aux Émigrés. It was difficult to point out the fallacy and pitfalls inherent in the system of preferential treatment over a long period of years for persons in similar circumstances, but the leaders in Government, the Société Social aux Émigrés, the church groups, and the French office of the IRO took a stand for similar treatment for all groups and held it firmly through all the pressures brought by special interest groups and, indeed, by groups of refugees. In all fairness, it should be said that the level of assistance was so low and funds so inadequate that the temptation was great to save on or eliminate an item in one grant in order to give some little something to a new applicant. The margin in which a relief organization could move was far narrower than in the United States.

In other areas of operation in which a cash grant was made, a fixed scale was used for the grant. The scale varied from country to country and from time to time, but there was general agreement that the Organization should set and maintain a standard that would preclude preferential treatment for any family or group.

Participation of the Client

There is much talk by social workers in all fields concerning the participation of the client in any assistance program and the necessity for an agency to take into consideration the needs and opinions of the persons who use its services. In the

work of the IRO, client participation was achieved, for the most part, through committees elected by the refugees.

Since the days of UNRRA, refugees had operated most of the camps through committees—most of them representing national groups. The headquarters office of the IRO encouraged the formation of the committees and gave them some financial support—for vehicles, printing, and office facilities. The Organization's representatives met regularly with the committees in area and headquarters offices. The committees then interpreted to the refugees new rules and regulations, resettlement policies, progress of United Nations action affecting their future status, and similar matters. In the various areas of operation, the channel through which the committees operated varied in accordance with the size of the caseload, the number of committees, and the local administrative structure. The committees represented the interest of their constituents in a wide variety of matters—housing, health and medical care, education of children, repatriation, and resettlement. The refugees gave their committees strong support and depended on them to intercede with the Organization in matters affecting both group and individual welfare.

In some ways the committees' activities made the concept of client participation a difficult one for many workers—and not only the social workers—to accept. The committees challenged policies and case decisions; they were sometimes vociferous and emotional. They were thus accused, at times, of exerting undue influence on the refugees with regard to repatriation and resettlement; of taking up too much staff time by defying and taking hours to discuss rules and regulations that were sometimes decisions that had been made by the military or on high diplomatic levels and that could not be cancelled or modified by the Organization; of being more interested in themselves as politicians than in the welfare of the refugees. Certainly, there were scattered instances in which those allegations were true.

On the other hand, the IRO, under the Constitution, had been instructed to "assist" refugees and displaced persons and to "protect" their rights and legitimate interests. The concept of the independence and free status of the refugee found to be within the mandate of the IRO is present in all parts of the Constitution. Many of the refugee leaders had brought their groups from the home village, had been with them in concentration and slave labor camps and in UNRRA camps; they had good ideas, intimate knowledge of their groups, and strong influence over them. As time went on and the committees and the staff got to know each other better, a precarious balance between the two was maintained in most areas.

It is difficult to know how well understood, or really accepted, the concept of client participation was. Perhaps the most general acceptance was achieved through employment of refugee staff in positions that carried a fairly high degree of supervisory and operational authority and that called for participation, on staff level, in policy making. Refugees in these positions included social workers, attorneys, physicians, teachers of both academic and vocational education, camp managers, pastors, historians, and other specialists who assisted in the eligibility interviewing. Many of these people were eminent in their own fields, both in their homelands and internationally. They proved themselves a gold mine of assistance to the staff members with limited knowledge of these national groups and their histories.

Most of these refugee workers maintained their professional discipline despite their own personal tragedies and the pressures put on them by desperate co-nationals to twist the facts to the advantage of the refugees. They carried, and still do carry, a heavy share of the IRO work and receive little acknowledgment by the outside world.

State-Federal Relations

The Federal-State relationship in the United States in the operation of the public assistance programs is to some extent duplicated in the headquarters-field relationship in IRO operations.

The Constitution of the International Refugee Organization was mandatory on those countries that were signatories to the Constitution and on the occupied countries in which a legally binding, and militarily enforceable, agreement had been made. When the IRO took over from UNRRA, administrative set-ups varied from country to country, but there remained the necessity for assuring equal treatment of persons in similar circumstances, standards of care, protection of rights and interests, equal opportunity for resettlement and repatriation, a channel for appeal and fair hearing, channels for field supervision and technical consultation, and opportunities for zones and areas to use their own imagination and initiative in program development.

In this field there were two separate and distinct problems that caused great concern and that also pointed up the differences in concepts of Europeans and Americans.

One problem centered about those areas and zones that resented headquarters' supervision and direction. This resentment stemmed from what was primarily a nationality issue; each country and occupying authority was determined to do things its own way. The question of local autonomy or States' rights was also in the picture.

The second problem was how to assure that the conformities that were considered basic and essential be carried out. The United States concept was one of consultation, advice, group meetings, and technical field supervision of a type that would encourage the areas to conform, to understand the purpose of the procedures and regulations, and to use their own initiative and imagination. Many—not all—of the European workers pressed for a highly centralized, authoritarian approach. During 1948 and part of 1949, both methods prevailed simultaneously at times; since then the Social Security Administration concept has been followed. It was adhered to strictly by the Welfare Division.

The welfare staff in all areas and countries understood and appreciated this approach; headquarters and area staff worked together in developing

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Independent Plans Providing Medical Care and Hospital Insurance: 1950 Survey

by AGNES W. BREWSTER*

Voluntary medical care insurance in the United States is, in general, provided through four kinds of insurers—Blue Cross hospitalization plans, Blue Shield surgical-medical plans, commercial insurance companies selling accident and health policies, and independent and nonaffiliated plans. For the first three groups, national or summary information is available through the Blue Cross and Blue Shield Commissions and the agencies that compile data on commercial insurance. But there is no regular or periodic reporting for the fourth group. This article summarizes the major findings of a survey made to fill this gap. A more detailed report will be published separately.

TO FILL out the national picture on voluntary medical care insurance, the Division of Research and Statistics in 1945 made a survey of independent prepayment plans providing medical care insurance¹ and has now completed a survey to ascertain their status at the end of 1949.

The 1950 survey covered independent plans that are self-insuring—that is, they do not contract with another agency for the provision of benefits. These plans operate without affiliation with any coordinating agency that customarily makes regular reports on enrollment and finances, or, if the plans are affiliated with a national agency, their enrollment and finances are not presented in regular reports. Part of the enrollment of a few plans with national affiliation was included in the survey because, while their medical care insurance is counted in the published national aggregates, their hospitalization insurance is not. Because the survey was designed with the additional purpose of determining the extent of comprehensive medical care insurance in 1949, five plans that have national affiliation but provide benefits of broad scope were also covered by the survey.

* Division of Research and Statistics, Office of Commissioner.

¹ Margaret C. Klem, *Prepayment Medical Care Organizations*, Bureau of Research and Statistics, Memorandum No. 55, 3d ed., June 1945.

At the close of the survey, data were available for 251 independent prepayment plans furnishing medical care insurance through arrangements other than Blue Cross, Blue Shield, or commercial insurance.² The surveyed plans covered about 4.5 million persons, making the average enrollment about 18,000.

Large enrollments are precluded in most of the independent plans by the nature of their sponsorship and

² There are seven plans included in the survey (because their hospitalization benefits are not reported elsewhere or their benefits are comprehensive) that present exceptions to the concept of "independence" or "nonaffiliation": (1) The hospitalization coverage (only) of California Physicians' Service, a Blue Shield plan. This part of the plan (covering 249,259 persons) is classified in the survey among plans providing hospitalization benefits only. Its enrollment for surgical-medical benefits and its finances are covered in Blue Shield reports. (2) Five Oregon Blue Shield plans, with an enrollment of 153,816, that provide hospitalization and comprehensive medical care. (3) The Washington State Medical Bureau plan; though enrollment is included among non-Blue Shield plans covered in *Blue Shield Enrollment Reports*, benefits are comprehensive and include hospitalization. Its enrollment for hospitalization is 310,738 and for medical care, 466,241.

Additional partial exceptions to the criterion about nonaffiliation are the inclusion of the member plans of the Cooperative Health Federation of America and the self-insuring member plans of the Federation of Employees' Benefit Associations. None of these plans is covered by national reporting.

form of organization. They are generally confined to a specific group of persons associated in an industry or in a cooperative movement, and—since many of them provide service benefits to their membership through their own physicians, clinics, and hospitals—they cannot expand enrollment rapidly or cover a large number of persons.

In the aggregate, however, the 251 plans include substantially all insurers that provide more or less comprehensive—rather than limited—medical benefits. They return to their members so much for their premium payments or membership dues that their role is more important than may be inferred from their coverage alone. Their total income in 1949 (\$93.8 million) and their expenditures for benefits (\$82.5 million) represented about 9 percent of all voluntary medical care insurance premiums and about 11 percent of all benefit expenditures in that year.

Of the 251 independent plans, those providing insurance against the costs of physicians' services in the home and office (or clinic) and, in nearly all plans, also in the hospital, are called the "comprehensive plans"; those offering benefits restricted to hospitalization, or to in-hospital surgical and medical care, are called the "limited plans." The plans vary with respect to many important details of their medical benefits, and thus there is a range in the scope of "comprehensive" benefits from plan to plan, as there is in the scope of "limited" benefits. (Such variation also occurs among the other three kinds of insurers.)

The prepayment arrangements in the coal-mining industry (interrupted and reorganized in 1949) and the student health services of colleges and universities were excluded from the survey, as were all Blue Cross plans, all but seven plans on which the Blue Shield Commission reports, and

all commercial group and individual insurance contracts for hospital, surgical, and medical expenses.

Method of Survey and Completeness of Returns

A 1-page questionnaire, sent to officers of the various plans, was used to obtain most of the data, and additional information was derived from correspondence with the plans and from State insurance commission reports and other sources.

The schedule was sent to 460 con-

Table 1.—Number and percentage distribution of surveyed plans and their membership, by region and by type of sponsorship, December 31, 1949

Region and type of sponsorship or organization	Plans		Members	
	Number	Percent	Number	Percent
Total	251	100.0	4,459,260	100.0
Industrial plans	149	59.4	1,967,948	44.1
Employer	20	11.6	206,707	4.6
Employer-employee	45	17.9	435,585	9.8
Employer-union	2	.8	23,894	.5
Employee	59	23.5	868,111	19.5
Union	14	5.6	433,651	0.7
Consumer	47	18.7	294,309	6.5
Community-wide	25	10.0	814,290	18.3
Medical society	13	5.2	916,514	20.6
Private group clinic	17	6.7	466,190	10.5
New England	7	2.8	31,358	.7
Industrial	7	—	31,358	—
Middle Atlantic	40	15.9	1,124,786	25.2
Industrial	34	—	581,790	—
Consumer	1	—	971	—
Community-wide	5	—	542,025	—
East North Central	29	11.6	861,504	12.6
Industrial	22	—	464,237	—
Consumer	2	—	2,077	—
Community-wide	3	—	86,855	—
Private group clinic	2	—	8,425	—
West North Central	19	7.6	297,932	6.7
Industrial	14	—	182,878	—
Consumer	5	—	115,054	—
South Atlantic	42	16.7	271,736	6.1
Industrial	23	—	167,687	—
Consumer	7	—	31,169	—
Community-wide	11	—	60,380	—
Private group clinic	1	—	12,500	—
East South Central	13	5.2	216,270	4.8
Industrial	7	—	89,475	—
Consumer	2	—	26,571	—
Community-wide	3	—	57,724	—
Private group clinic	1	—	42,500	—
West South Central	38	15.1	181,040	4.1
Industrial	17	—	136,850	—
Consumer	19	—	39,396	—
Community-wide	2	—	4,803	—
Mountain	19	7.6	145,590	3.3
Industrial	8	—	62,865	—
Consumer	3	—	29,588	—
Medical society	6	—	46,917	—
Private group clinic	2	—	6,250	—
Pacific	44	17.5	1,628,945	36.5
Industrial	17	—	250,808	—
Consumer	8	—	49,513	—
Community-wide	1	—	62,512	—
Medical society	7	—	869,597	—
Private group clinic	11	—	396,515	—

sumer groups, industrial establishments, private group clinics, and the like, which were reported to be operating independent medical care plans. When the survey was closed, information was available on all but 13 plans.

In terms of plans, 251 were within the survey's scope, 196 were not; no other source yielded information about the 13 who failed to reply. There were four principal reasons for exclusion: The plan had been discontinued by 1949 (53 plans); it was not yet in operation in 1949 (26 plans); other information to the contrary, it is not a prepayment plan (50 plans); or another insurance carrier was used—either one covered in the survey, or a Blue Cross, Blue Shield, or commercial group insurance plan (62 plans).

In general, the schedule asked for information on type of plan, enrollment, benefits, and premiums. It also asked for the 1949 prepayment financial statement, with a differentiation between (a) income and expenditures for hospitalization (room and board and other usual hospital charges), and (b) income and expenditures for in- and out-patient medical, surgical, and dental services and for out-patient X-ray and laboratory services. Forty-three of the plans furnished data on income and expenditures for both kinds of benefits combined but made no subdivision of their financial statements to show hospitalization and medical care insurance separately.³ When the statistical analysis was begun, financial data had been received from all but 46 plans, and the required financial information about these plans had not been located in any insurance reports.

Enrollment data were available for all except five plans. Sufficient other information was available on these five plans, however, to provide a basis for an estimate of membership.

General Characteristics of the Plans

Enrollment

As of the end of 1949, the surveyed plans covered 4.5 million differ-

³ Special tabulations and analyses with respect to operating expenses, allocations to reserves, taxes, and the like will be presented in a more detailed report to be published separately.

ent individuals⁴ in plans ranging in size from 41 to 466,000 members. Of the 4.5 million persons, 3.9 million had hospitalization insurance in the 216 plans providing this benefit. Medical care benefits other than hospitalization were available to 3.5 million persons in 217 plans; benefits ranged from the limited surgical insurance of 33 plans to the provision of nearly all physicians' services in and out of the hospital in the 184 plans classified as comprehensive.

A total of 2.9 million persons were provided with both hospitalization and comprehensive or limited medical care insurance through plans providing both types of benefits. About 591,000 persons had only medical care insurance from these independent plans, while about 971,000 had hospitalization insurance alone—in the main from plans providing only this single benefit.

On the basis of the type of benefits provided, the independent plans fall into four major categories.

Type of benefit	Plans	Membership	
		Number	Percentage distribution
All independent plans	251	4,459,260	100.0
Physicians' services in the home, office (or clinic), and hospital, and generally providing hospitalization benefits	165	2,894,398	64.9
Physicians' services in the home, office (or clinic), but not the hospital, and generally providing hospitalization benefits	10	275,539	6.2
Hospitalization and/or surgical benefits (and very restricted medical benefits in a few plans)	33	423,310	9.5
Hospitalization-only benefits	34	886,013	19.4

⁴ Includes 24,305 members eligible for hospitalization benefits only.

⁵ Includes 264,700 persons covered under the International Ladies' Garment Workers Union plans, who receive medical attention at the Union Health Centers and are paid cash indemnity amounts for their hospitalization benefits.

⁶ Includes 80,582 members eligible for hospitalization benefits only and 32,546 for surgical benefits only; the rest were eligible for both benefits.

Of the total membership of 4.5 million, 65 percent in 66 percent of the

⁷ Duplication of coverage arising because of membership in more than one surveyed plan was slight. Known duplication applied to only 3,985 persons.

plans were eligible for a wide range of benefits, including, in addition to the services of physicians and hospitalization benefits, such items as laboratory and X-ray services, ambulance service, and—in 45 plans—certain dental services.

The 184 plans in the first two categories include all or substantially all the voluntary prepayment organizations in the United States that provide more or less comprehensive benefits and thus assure or encourage access to a physician early in an illness and offer preventive and diagnostic services, on a prepaid basis, without confinement to a hospital as a prerequisite.

There were approximately 2 dependents for every 3 subscribers in the surveyed plans, giving an average of 1.71 insured members per subscriber. Many of the plans, particularly a number of industrial plans, were open only to employees and not to their families. In plans covering dependents, there were 2.3 insured members per subscriber.

Sponsorship

The nature of the sponsorship or control has an important influence on the type of prepayment plan established and on the benefits provided. In the entire survey, 196 plans—classified as "industrial" or "consumer"—are controlled by the insured persons, by their employers, or by both; the others are controlled by the providers of the services (the plans sponsored by a medical society and the private group clinic prepayment plans) or by nonprofit organizations (the community-wide plans) (table 1).

Among the plans included in the survey, there are 149 industrial plans, some sponsored solely by employers, others solely by employees or unions, and still others jointly by employers and employees or unions. Industrial plans include such varied programs as the limited cash indemnity plans of some of the mutual benefit associations, the 28 railroad hospital plans providing service benefits for both hospitalization and medical care, and the union health center plans providing out-patient medical care. The distinction regarding sponsorship among industrial plans makes the

type of control self-evident. It may be added, however, that plans are classified as consumer-sponsored in this survey only if they are nonindustrial plans in which the purchasers of the insurance control the over-all policies and direct the nonmedical aspects of the plan. Thus, employee- or union-sponsored plans might also be designated as consumer-sponsored, but the industrial classification seems more generally useful. There are 47 plans based on a cooperative form of organization and sponsored by consumers.⁵

Twenty-five of the surveyed plans are community-wide, with membership open to qualified groups or individuals in the community. Twenty of these offer hospitalization insurance as their sole benefit, three offer both hospitalization and surgical insurance, and two cover only medical care insurance.

Only 13 of the plans sponsored by medical societies qualified for inclusion in the survey.⁶ The other 69 plans operating under the sponsorship of medical societies have limited benefits, and their enrollment and finances are reported by the Blue Shield Commission or are included in the aggregates of commercial health and accident insurance published annually.⁷

Geographic Distribution

Table 1 shows the regional distribution of the surveyed plans and their membership by type of sponsorship. The Pacific region, where prepaid medical care has had a long period of development, had the largest number of plans (44) and the largest enrollment of any of the nine regions. New England represented

⁵ Three plans having membership in the Cooperative Health Federation of America are not classified as "consumer plans." Two of these—Group Health Insurance of New York and the Health Insurance Plan of Greater New York—are classified as community-wide plans in the survey, because their enrollment is open to the public. The Labor Health Institute of St. Louis is included among union-sponsored plans.

⁶ Six plans not reported by Blue Shield and the seven plans listed in footnote 2.

⁷ Seven of these plans utilize commercial insurance carriers. They are not affiliated with the Blue Shield Commission.

the other extreme, having only seven plans, all of them industrial, with less than 1 percent of the total enrollment. The three Southern regions taken together accounted for 93 plans; but since these plans are generally small, they covered in all only 669,000 persons—15 percent of the total enrollment.

In eight States there are no headquarters of any surveyed plan. In four of these States restrictive legislation may be at least partly responsible. Consumer-sponsored plans are more directly affected by such legislation than the other types included in the survey. Twenty-eight States have no consumer-sponsored plans; the majority of these States have legislation or court opinions that prevent the formation of the type of plan usually established by consumers.⁸ These legal barriers make it impossible to form a plan controlled by the membership and providing service benefits to them through their own facilities.

Scope of Benefits

Of the total membership of nearly 4.5 million persons enrolled in all the independent plans, nearly 3 million had some measure of protection against the cost of physicians' services in the home, office (or clinic), and hospital (table 2). About 2.3 million persons in this group (81 percent) were also protected against the cost of hospitalization through the plan's own provisions. In all, 165 plans furnished these broad medical benefits, though 18 of them did not provide hospitalization.

Another 19 plans with 276,000 members provided insurance against the cost of physicians' services in the home and office, but not in the hospital. Twelve plans in this group, with only 21,000 members, did not provide hospitalization insurance.

Thirty-three plans limited their medical benefits to in-hospital surgery and obstetrics, with very limited medical care available in a few plans; about 343,000 persons were eligible for surgical benefits. Twenty-nine of

⁸ Horace R. Hansen, "Laws Affecting Group Health Plans," in "A Symposium on Laws Relating to Health Insurance Plans and Public Health," *Iowa Law Review*, Winter 1950, pp. 209-236.

Table 2.—Number of members in surveyed plans, by major types of benefit and by type of sponsorship, December 31, 1949

Major types of benefit provided ¹	Number of members in—											
	All plans	Industrial plans			Consumer plans	Community-wide plans	Medical society plans	Private group clinic plans				
		Sponsored by—										
		Total	Employer	Employee or employer-union								
Total membership	4,459,260	1,967,948	206,707	450,479	1,301,762	204,309	814,290	910,514	466,190			
Physicians' services in home, office (or clinic), and hospital	2,870,008	1,232,915	118,490	423,115	691,310	239,079	289,079	642,830	466,190			
With hospitalization benefits from plan	2,331,758	1,178,909	118,490	421,123	639,386	223,167	289,079	457,327	442,265			
Without hospitalization benefits from plan ²	544,356	53,916	—	1,992	51,924	15,912	289,079	155,503	23,925			
Physicians' services in home and in office (or clinic)	275,530	273,000	—	6,427	266,063	2,449	—	—	—			
With hospitalization benefits from plan	264,973	254,973	—	—	254,973	—	—	—	—			
Without hospitalization benefits from plan ²	20,566	18,117	—	6,427	11,690	2,449	—	—	—			
Surgeons' (including maternity) services only	342,758	225,341	35,199	29,880	160,262	30,962	66,015	20,440	—			
With hospitalization benefits from plan	310,212	196,780	32,375	4,143	160,262	30,962	66,015	16,455	—			
Without hospitalization benefits from plan ²	32,546	28,561	2,824	26,737	—	—	—	3,085	—			
Hospitalization benefits only	970,870	238,602	53,018	57	183,527	31,819	459,208	4 253,244	—			
In more comprehensive plans	24,305	6,702	—	57	6,645	17,003	—	—	—			
In limited hospital-surgical plans	80,552	11,770	—	—	11,770	—	68,782	—	—			
In hospitalization-only plans	866,018	218,120	53,018	—	165,112	4,216	390,423	4 253,244	—			

¹ Many of these plans also offer other benefits, not considered here, such as dentistry, nursing, X-ray services, laboratory services, and drugs. In some plans the benefits are provided as services and in others as cash indemnity payments.

² Such plans might alternatively have been classified as "consumer."

³ Persons in these plans may have hospital benefits from organizations outside the scope of the survey.

⁴ Surgical-medical benefits for 240,250 of these members included in Blue Shield enrollment reports; enrollment for hospitalization benefits, included here, not reported elsewhere.

these plans provided both hospitalization and surgical benefits to 310,000 members.

A total of 34 plans insured only the costs of hospitalization. They covered 866,000 persons and ranged in size from eight small Georgia community-wide plans⁵ with an average enrollment of 4,645 to large plans whose enrollments average more than 200,000. In the surveyed plans, 971,000 persons in all were protected solely against hospitalization costs.

Finances

The present survey differed from earlier ones in that it sought income and expenditure data from all plans. The findings are presented here in two ways. In table 3, estimates of the total income and the expenditures for (a) all benefits, (b) hospitalization benefits, and (c) medical care benefits are shown separately for each type of plan sponsorship; in tables 4, 5, and 6, the actual per capita incomes and benefit expenditures are presented for each of the

three categories of benefits, with the scope of the benefits indicated.

Estimated Income and Benefit Expenditures

As previously indicated, the financial reporting by the surveyed plans was nearly complete with respect to their entire prepayment balance sheet. Income and expenditure figures for all benefits taken together were furnished by plans covering more than 80 percent of the entire enrollment. It was necessary to make estimates for only 46 plans in order to cover 100 percent of the enrollment.

Of the 205 plans for which some financial data were at hand, 79 had been unable to separate income for hospitalization from other income; 43 of these 79 plans were unable to separate expenditures for hospitalization from total expenditures for benefits. In the tabulations confined to either hospitalization or medical care finances, estimates were made in more instances for income than for expenditures, and it was necessary to resort to estimating for more plans than was the case for the combined income or combined expenditure estimates. The estimates or projections

were made plan by plan, on the basis of the findings for similar plans reporting all items.

The total income of the 251 plans was estimated to be \$93.8 million in 1949; expenditures for all benefits were estimated to be \$82.5 million. On the average, the members received in benefits 68 cents per \$1 of premium. About two-fifths of total income and of benefit expenditures were used for hospitalization benefits, and three-fifths were used for medical care benefits, as shown in the following tabulation.

Item	Benefits		
	Total	Hospitalization	Medical care
Number of plans ⁶	251	216	217
Number of members	4,459,260	3,867,813	3,486,390
Income (in millions)	\$93.8	\$39.7	\$54.1
Benefit expenditures (in millions)	\$82.5	\$36.4	\$46.1
Benefits as percent of income	88.0	91.7	85.2

Table 3 indicates the estimated income and expenditures in 1949 for the plans of each type. The 149 industrial plans as a group had 46 percent of the estimated total income of all 251 plans and were responsible for 48 percent of expendi-

⁵ One additional independent Georgia county plan had begun to cover surgical care in 1949. It is included among the plans mentioned in the preceding paragraph.

tures for all benefits, more than 50 percent of hospitalization expenditures, and 44 percent of medical care expenditures. The 59 employee-sponsored plans accounted for nearly half the entire income and expenditures of the industrial plans. The plans sponsored by a medical society received 24 percent of all income and made 23 percent of all benefit expenditures. Consumer-sponsored plans received only 6 percent (\$5.6 million) of the total income and paid out a similar proportion of expenditures.

The table makes clear the differences in the proportion of income and expenditures assigned to hospitalization and to medical care insurance among the different types of sponsor. The community-wide plans, for example, used nearly as much money for hospitalization insurance as for medical care insurance, whereas the expenditures for medical care among consumer plans were double their expenditures for hospitalization.

Per Capita Income and Expenditures

On the basis of the estimates for all the surveyed plans, it appears that they collected about \$10.25 per capita for hospitalization insurance,

Table 3.—Estimates of total prepayment income and expenditures in the surveyed plans for all benefits and for hospitalization and medical care benefits, by type of sponsorship, 1949

[In millions]

Type of sponsorship or organization	Total		Hospitalization		Medical care	
	Income	Expenditures for benefits	Income	Expenditures for benefits	Income	Expenditures for benefits
Total	\$65.9	\$82.5	\$39.7	\$36.4	\$54.1	\$46.1
Industrial plans	43.0	39.8	21.1	19.4	21.9	20.4
Employer	4.2	4.1	2.3	2.2	1.9	1.9
Employer-employee	13.9	13.3	6.7	6.5	7.2	6.8
Employer-union	.2	.2	.1	.1	.1	.1
Employee	20.4	18.3	10.8	9.5	9.6	8.8
Union	4.3	3.9	1.2	1.1	3.1	2.8
Consumer	5.6	4.6	1.9	1.6	3.7	3.0
Community-wide	11.1	8.8	5.1	4.3	6.0	4.5
Medical society	22.5	18.9	8.3	8.0	14.2	10.9
Private group clinic	11.6	10.4	3.3	3.1	8.3	7.3

returning approximately \$9.40 in benefits.¹⁰ These amounts may be compared with per capita income of \$11.18 and per capita expenditures of \$9.50 for hospitalization among the 84 Blue Cross plans in operation in 1949.

Medical care benefits cost \$15.52 per capita in premium income, and benefits amounted to approximately \$13.22 per capita. These averages are less meaningful than those given for hospitalization because the medical care benefits varied more widely among plans. The ratio, however, of benefit expenditures to income—85.2 percent—may be compared with the benefit-expenditure ratio of 79.9 percent obtaining among all Blue Shield plans in the United States in that year.

The per capita data in tables 4, 5, and 6 are derived from the income and expenditure figures actually reported by a portion of the plans. The percentage of the total membership in the particular type of plan covered by actual reports is given to indicate the representativeness of each per capita figure. These figures are a guide to the relative costs of limited and more comprehensive medical care benefits in 1949.

Hospitalization and medical care in combination.—Per capita income and expenditure data are shown in table 4 for plans that provided both hospitalization and medical care benefits; the figures apply to the membership that received both. These data are derived from 122 reporting plans, which included 71 percent of all persons eligible for the combined benefits.

Per capita income for all plans covered in table 4, regardless of the precise scope of their medical benefits, equaled \$23.15, and expenditures for the combination of benefits amounted to \$21.18, or 91.5 percent of income.

Plans limiting their benefits to hospitalization and surgical care re-

¹⁰ An average enrollment figure for 1949 is not available for use in determining per capita amounts; the use of the year-end enrollment figure may cause a slight understatement if enrollment in these plans expanded during the year. The figures are approximately correct, however, because it is known that growth was not substantial within the year.

Table 4.—Per capita income and expenditures for hospitalization and medical care combined among 122 plans offering both benefits, 1949¹

Type of plan	Per capita ²		Percent of membership covered by reports
	Income	Benefit expenditures	
All plans	\$23.15	\$21.18	91.5 70.9
Hospitalization and surgical benefits	15.57	13.96	89.7 91.6
More or less comprehensive benefits	24.37	22.34	91.7 68.4
Industrial	23.85	22.71	95.2 73.9
Employer	30.19	29.74	98.5 82.3
Employer and employee or union	34.18	31.86	93.2 75.3
Employer and employee	35.40	33.51	94.7 74.2
Employer and union ³	12.22	5.94	48.6 100.0
Employee	29.03	28.67	98.8 52.3
Union	9.58	8.68	90.6 100.0
Consumer	19.58	16.42	83.9 81.2
Medical society	32.22	27.24	84.5 35.7
Private group clinic	24.84	21.56	86.8 80.3

¹ Includes only plans providing both benefits to identical numbers of insured persons.

² May represent slight understatements because end-of-year enrollment was used instead of average enrollment for the year in computing per capita amounts. Based on data covering 2.1 million persons.

³ Only 1 plan of this type.

ceived \$15.57 in income per capita and spent \$13.96 in benefits. The proportion of income used for benefits is somewhat less (90 percent) than for all plans taken together.

The range in per capita income among the comprehensive plans is from \$9.58 for the union plans to \$35.40 for the employer-employee plans, with an average of \$24.37. Per capita expenditures for benefits in these plans varied from \$5.94 to \$33.51, with the average \$24.34. The variation in the proportion of income returned in benefits is from 49 percent for the one employer-union plan to 98.8 percent for the employee plans. The comprehensive plans, taken together, returned 92 percent of income in the form of benefits for hospitalization and medical care.

Hospitalization.—Per capita income for the hospitalization insurance provided by either the comprehensive or the limited plans varied, according to plan sponsorship, from \$3 to \$18 a year and averaged \$9.18 for the 109 plans reporting this financial information (table 5).

These plans as a group returned 90 percent of income in the form of hospitalization benefits, or \$8.28 per

Table 5.—*Per capita income and expenditures for hospitalization benefits among 109 reporting plans, 1949*

Type of plan	Per capita ¹		
	Income	Benefit expenditures	Percent of income used for benefits
All plans	\$9.18	\$8.28	90.2
Hospitalization only	10.13	8.34	82.2
Hospitalization and/or surgical benefits	9.35	8.45	90.4
More or less comprehensive benefits	8.76	8.50	97.0
Industrial	9.21	9.20	99.2
Employer	16.04	15.90	99.3
Employer and employee	18.00	16.99	94.4
Employer and union	(*)	(*)	(*)
Employee	16.87	17.33	102.7
Union	3.03	2.89	95.4
Consumer	7.73	8.18	105.8
Medical society	10.78	10.55	97.9
Private group clinic	6.78	6.21	91.6

¹ May represent slight understatements because end-of-year enrollment was used instead of average enrollment for the year in computing per capita amounts. Based on data covering 2.1 million persons.

² Insufficient data.

per capita. Reporting was not complete for several groups that had large enrollments and relatively high per capita incomes and expenditures for hospitalization insurance; as a result the per capita figures in table 3, which are based on estimates for all plans, are slightly above the average per capita amounts shown in table 5.

There was a wide range in the proportion of hospitalization income returned as benefits among the different types of plans. Consumer plans appear to have lost money on hospitalizing their members, since expenditures exceeded income by 6 percent. Taken together, the comprehensive plans used 97 percent of reported hospitalization income in payment of benefits, while the limited plans used 85 percent.

Medical care.—Reported financial data, covering 52 percent of the persons eligible for medical care benefits in the survey, formed the basis for the figures in table 6. The coverage to which the data apply varied from small proportions of the private group clinic, medical society, and consumer-sponsored plans to 100 percent of the enrollment in some of the other groups.

For all these plans the average per capita income for medical benefits was \$14.20; expenditures were \$12.27.

The corresponding income and benefit expenditures for the limited surgical plans were \$7.87 and \$7.04, respectively. In the comprehensive benefit plans the range in per capita income for medical care in 1949 was from \$6.48 for the union plans to \$22 for the consumer plans. The averages for all comprehensive plans were \$15.44 for income and \$13.30 for benefit expenditures—a ratio of benefit expenditures to income of 86 percent. The range in the proportion of income used for benefit expenditures was from 75 to nearly 100 percent, with four types of plans returning more than 90 percent of income in the form of benefits.

Premiums

Monthly subscription charges or insurance premiums varied so much among the surveyed plans that there were almost as many different rate structures as plans. Premiums reflected the scope of the benefits provided and, in industrial plans, the extent of the employer contribution.¹¹

Most plans charge a fixed monthly premium adjusted, when dependents are covered, to the size of the family. A few plans relate the monthly charge to the amount of the employee's earnings, but only three of these plans provide benefits for dependents.

The premium most frequently cited for subscriber coverage only was between \$2 and \$3 a month, though it ranged from less than \$1 to nearly \$7. For family coverage (four persons), the range was from \$1 a month to more than \$10. Among the comprehensive plans, premiums between \$5 and \$6 a month for a family of four applied to more persons than other amounts in the range. A family of four could obtain more or less complete protection against the costs of hospitalization and medical care for an annual expenditure of \$60-100.

Trends

In the absence of annual or even periodic data concerning the independent plans, two methods were used to measure trends. In table 7 the results of this 1950 survey are compared

¹¹ Details concerning the distribution of plans with respect to premium amounts are omitted here but will be included in a more complete report.

with those reported in the 1945 survey with appropriate adjustments for differences. Comparable groups of plans make up the first six items in the table. The comparison shows an increase of 58 in the number of plans and of 1.3 million in membership between the dates of the two surveys.

The number of consumer plans increased from 15 to 42 in the nearly 5 years between surveys, with a nearly proportionate increase in membership. Industrial plans remained relatively stable in number, with an increase in membership largely due to expansion of the coverage of dependents.

Table 6.—*Per capita income and expenditures for medical care benefits among 100 reporting plans, 1949*

Type of plan	Per capita ¹		
	Income	Benefit expenditures	Percent of income used for benefits
All plans	\$14.20	\$12.27	86.4
Surgical benefits	7.87	7.04	89.5
More or less comprehensive benefits	15.44	13.30	86.1
Industrial	11.18	10.52	96.2
Employer	15.20	15.19	99.5
Employer and employee	18.06	17.51	92.4
Employer and union	(*)	(*)	(*)
Employee	18.43	17.91	97.2
Union	6.48	6.26	96.8
Consumer	22.04	18.53	84.0
Community-wide	18.76	14.14	75.4
Medical society	21.44	16.09	77.8
Private group clinic	21.95	19.60	89.3

¹ May represent slight understatements because end-of-year enrollment was used instead of average enrollment for the year in computing per capita amounts. Based on data covering 1.8 million persons.

² Insufficient data.

Both the number of plans offering limited surgical and hospitalization benefits and membership in those plans increased markedly between the two surveys. Private group clinics with prepayment arrangements decreased, and their membership showed a slight decline. The increase in enrollment in the medical society plans with comprehensive benefits is almost entirely due to inclusion of dependents in the older plans, since the three new plans covered by the 1950 survey have small enrollments.¹²

¹² Other plans with this type of sponsorship inaugurated since 1945 have benefits of limited scope and are included in Blue Shield reports or use commercial insurance carriers.

Another measure of trends is shown in table 8. Here 110 plans common to both surveys are compared as to enrollment and benefits in 1945 and in 1949. The plans have been classified as they were in 1945, so that union plans are included with consumer plans. Of the four major types of plans, only the private group clinics show a decline in membership. This decline is more than offset by the growth in enrollment in the consumer-sponsored plans and those sponsored by medical societies.

Discussion and Summary

This 1950 survey of the independent medical care insurance plans has compiled information on enrollment, premiums, benefits, income, and expenditures as of the end of 1949.

Of the 251 surveyed plans with nearly 4.5 million members, 165 are especially notable because they provide a wide range of benefits to their members, including physicians' services in the home, office (or clinic), and hospital. These "comprehensive" plans had an enrollment of 2.9 million persons, 80 percent of whom also had protection against hospitalization costs.

An additional 19 plans included in the survey, with 276,000 members, provide hospitalization and physicians' services in the home or office.

The 2.5-3.1 million persons insured for medical and hospital services by these 184 plans represent most—if not all—of the enrollment in this country eligible to receive more or less comprehensive care on a prepaid basis. These few millions are the only persons who have comprehensive insurance protection against medical costs—including care early in illness before it has become serious or costly or before its severity can be known, preventive and diagnostic services, and medical and hospital attention in a later or what may otherwise be a financially "catastrophic" stage.

Sixty-seven additional plans, covering 1.3 million persons for hospitalization and/or limited surgical benefits, were included in the survey. Information about their enrollment and finances (income of \$12 million and benefit expenditures of \$10 million in 1949) has not been assembled hitherto and represents a new segment of re-

Table 7.—Comparison of plans and membership in the 1945 and 1950 surveys of medical care organizations, by type of sponsorship

Type of sponsorship or organization ¹	Number of plans		Number of members	
	1945	1949	1945	1949
Total	202	251	4,164,750	4,459,258
Comparable plans	161	217	2,297,580	3,593,245
Offering comprehensive benefits	156	184	2,264,807	3,169,935
Industrial	111	114	1,309,828	1,512,707
Consumer	15	42	110,731	259,131
Community-wide	1	2	9,352	289,079
Medical society	6	9	354,100	642,830
Private group clinic	23	17	480,696	466,190
Offering hospitalization and surgical benefits	8	33	32,782	423,310
Plans in 1945 survey only	41		1,867,161	
Medical society	28		1,627,004	
Governmental	11		135,004	
Miners	2		105,153	
Hospitalization plans in 1950 survey only		34		866,013

¹ By 1950 classification (some plans changed type of sponsorship). Union plans, formerly classified as consumer plans, here grouped with industrial plans.

² Differs from the total membership (4,975,850) shown in Bureau Memorandum No. 55 because of the following omissions: 600,000, overstatement of Washington State Medical Bureau coverage of dependents; 211,100, included in estimates for coverage of dependents in 1945 but not estimated for 1949.

³ Now affiliated with the Blue Shield Commission, established in 1947.

porting on voluntary medical care insurance.

The unusually high value of the insurance protection provided by the 251 independent plans is evident from the financial data. Their expenditures for benefits amounted to 11 percent of such expenditures for all voluntary medical and hospital insurance in the United States in 1949,¹² though their entire membership comprised a much smaller fraction of all persons said to have purchased some form of such insurance in that year. The 3.2 million persons in the 184 comprehensive independent plans (less than 5 percent of all who are said to have held some kind of voluntary medical care insurance in 1949) received benefits accounting for about 9 percent of expenditures for benefits made under all forms of voluntary medical care insurance in 1949.

With only minor exceptions the in-

¹² For the 1949 figures for all voluntary medical care insurance see the *Bulletin*, March 1951, pp. 19-20; the figures for income and expenditures for the independent plans have since been revised on the basis of more complete returns.

dependent plans operated in 1949 with relatively high ratios of benefit expenditures to income. The estimates for all the survey plans show benefit expenditures equal to 88 percent of income. The comprehensive plans able to furnish detailed financial data applicable to a combined benefit structure had an average income of \$24.37 and made average benefit expenditures of \$22.34 per capita, for a benefit-expenditure ratio of 92 percent. Among these comprehensive plans, the industrial plans had a corresponding ratio of 95 percent.

These high ratios of benefit expenditures to income for a single year may or may not be precisely typical of other years. They are, however, highly indicative and worthy of note. Many of these independent plans have been in operation for a long time and have a stable financial structure. Their benefit-expenditure ratios are generally higher than the corresponding ratios recorded for Blue Cross, Blue Shield, and commercial insurance plans. There are several reasons for this difference. Presumably these plans do not spend any appreciable portion of their income for promotion of membership, and, of course, they do not pay brokerage fees or commissions; many rely heavily on voluntary services from their members, and the older and well-established plans apparently do not need to continue to accumulate reserves but instead can return most of their income in the form of benefits or even draw on reserves to pay for benefits in a period of rising costs.

The survey data show interesting relationships, among the independent plans, between type of sponsorship and scope of benefits. Approximately 48 percent of these plans are organized and controlled by the insured persons themselves, and about 78 percent by the insured persons and their employers. The provision of comprehensive benefits was one of the criteria for inclusion in this survey. The generally sharp contrast between the comprehensive protection provided by plans controlled by the insured persons (and employers) and the limited protection provided by plans otherwise controlled is therefore not clearly evident within the survey itself. The comparison has to be ex-

Table 8.—Comparison of plans and membership in 110 plans surveyed in 1945 and in 1950, by scope of benefits and by type of sponsorship¹

Type of sponsorship or organization ²	Number of plans, 1945	Members		Members eligible for medical benefits						Members eligible for hospitalization benefits					
				At home, office (or clinic), and in hospital		At home and office (or clinic) only		In hospital only							
		Plans	Members	Plans	Members	Plans	Members	Plans	Members	Plans	Members	Plans	Members		
Total	110	1,931,764	2,568,250	100	1,751,353	2,086,614	5	138,016	403,791	5	32,395	97,845	88	1,707,644	1,941,183
Industrial	276	984,157	990,450	68	958,047	962,531	4	6,967	8,389	4	10,143	12,530	60	933,366	960,538
Consumer	17	287,144	723,823	15	142,843	250,106	1	131,049	395,402	1	13,252	73,315	13	126,390	280,960
Medical society	6	354,100	720,338	6	354,100	720,338	—	—	—	—	—	—	6	354,100	464,235
Private group clinic	11	296,363	263,639	11	296,363	263,639	—	—	—	—	—	—	9	273,779	284,841

¹ By 1945 classification (some plans have changed type of sponsorship). Union plans classified in 1950 survey as industrial grouped here with consumer plans. Excludes the Health Insurance Plan of Greater New York since it was not included in the statistical tables in Bureau Memorandum No. 55; it began enrollment in 1947 and covered 229,200 persons on Dec. 31, 1949.

² Includes 1 plan for which there are no enrollment data; also includes 6 plans (1945) of 1 firm, which had 10 plans (counted as 6) as of Dec. 31, 1949.

³ Includes 4 plans with an enrollment for 1949 of 26,247 members who are not covered for physicians' services in the home.

⁴ Includes 1 plan with an enrollment for 1949 of 1,240 members having home services and hospitalization benefits only.

⁵ Includes 3 plans with an enrollment for 1949 of 33,537 members who were not entitled to physicians' services in the home.

⁶ 1945 data for Washington State Medical Bureau corrected for overstatement in Bureau Memorandum No. 55.

⁷ Includes 155,608 State public assistance recipients who are not covered for hospitalization.

tended to plans outside the scope of this survey.

The 149 industrial plans—the principal type in the survey—had an enrollment of approximately 2 million persons. More than 75 percent of this enrollment was eligible for comprehensive benefits. Only among employer-sponsored plans was any appreciable portion of the membership limited in its benefits to hospitalization and surgical insurance.

The 47 consumer-sponsored plans had an enrollment of 294,000. Five-sixths of this membership was insured for comprehensive medical care, with benefits furnished in many cases through the plan's own medical facilities.

An examination of the data by region shows that the three Pacific States, where prepayment for comprehensive medical care was well-established long before the development of the Blue Cross-Blue Shield plans, had the largest number of plans and more than a third of the entire surveyed membership. The 1.6 million persons in the independent plans located in these States are almost all eligible under the plans for a wide range of benefits.

In eight States there were no independent plans, and in 28 States no plans sponsored by consumers, though an occasional industrial or community-wide plan was located in those States. Legal barriers erected in a majority of the 48 States and designed

to favor plans sponsored and controlled by those who provide medical care have apparently been effective in these States in preventing the organization of plans controlled by the insured persons. This restriction, in turn, appears to have adversely affected the spread of plans offering comprehensive benefits, especially through service-benefit arrangements; in areas where control must rest with the providers of services the sponsors determine the benefit structure. They have made limited, and not comprehensive, medical care insurance the only form widely available.

The survey data show that, on the average, comprehensive medical care and hospitalization benefits provided by independent plans cost not much more than limited insurance benefits. For combined insurance against hospitalization and the costs of physicians' services in the home, office (or clinic), and hospital the member paid about \$9 a year (about 75 cents a month) more per capita in premiums than for insurance confined to hospitalization and limited surgical-medical care (chiefly in the hospital).

In the 5 years between the surveys made in 1945 and 1950, some independent plans went out of existence, and some others ceased to be self-insurers and became purchasers of some other form of insurance. Plans newly established in the same period more than offset this loss; and the

number of independent plans offering medical benefits increased by 56, and net enrollment expanded by 1.3 million. Plans common to the two surveys had a net addition of about 676,000 members.

Independent industrial plans remained substantially unchanged in number of plans and in enrollment, a finding of interest in light of the intensive promotional activities of Blue Cross, Blue Shield, and commercial accident and health insurance in industrial establishments.

Consumer-sponsored plans, though handicapped by limited financial resources, limited enrollment potentialities, and legal obstacles, more than doubled their enrollment and nearly tripled in number.¹⁴

The past 5 or 10 years have seen a very rapid increase in the number of persons having voluntary medical care insurance. Most of the increased coverage has been achieved in plans that provide benefits of limited scope. The existence—and the long history—of independent plans providing comprehensive benefits seems not to be generally recognized. The results of this survey invite renewed attention to these independent plans and to their demonstration that comprehensive insurance against the costs of medical care is feasible.

¹⁴ This development was even more marked at the end of 1950, since the survey found that 24 consumer-sponsored plans started operations during 1950.

Notes and Brief Reports

State and Local Assistance Expenditures in Relation to Income Payments

Since 1940 a decrease in the number of different programs providing public aid¹ has meant a heavier load for the public assistance programs. This increased load and the rise in living costs have led to greater expenditures for public assistance. Despite sizable increases in Federal participation in meeting assistance costs as a result of amendments to the Social Security Act in 1946 and 1948, the States and localities have also found it necessary to raise their contribution—by 77 percent, or \$558 million, from 1940 to 1950. This discussion compares the rise in assistance expenditures with the improvement in the States' fiscal ability, as reflected in per capita income, and shows the relative standing of the States in the percent of income payments devoted to public assistance in 1940, 1949, and 1950.

The percentage relationship between expenditures for assistance payments from State and local funds and State income payments affords a rough measure of the fiscal effort made by the States to support the assistance programs—old-age assistance, aid to dependent children, aid to the blind, and general assistance. Accordingly, assistance expenditures from State and local funds for the calendar year 1940 and the fiscal years 1949 and 1950 have been related to income payments for the calendar years 1940, 1948, and 1949, respectively. The year 1940 was chosen for comparison with current expenditures because it was the last year before the influence of the defense effort became manifest. The latest figures on assistance expenditures are related to the latest data on income payments, which are for the calendar year 1949.

¹ Public aid in 1940 included payments under the following special programs, since discontinued: subsistence payments certified by the Farm Security Administration and earnings under the Civilian Conservation Corps, National Youth Administration, Work Projects Administration, and other Federal work programs.

Between 1940 and 1949, income payments increased 160 percent—

more than twice the proportionate rise in public assistance expenditures. As a result, the ratio of assistance expenditures to income payments declined about a third from 1940 to

Table 1.—*State and local expenditures for public assistance payments in relation to income payments and amount expended per inhabitant, by region and State, 1950¹*

Region and State	Percentage change in—		State and local expenditures for assistance					
	Income payments, 1949 from 1948	State and local expenditures for assistance, 1950 from 1949	As percent of income payments			Percentage change	Per inhabitant, 1950	
			1940	1949	1950			
Continental United States ²	-2.4	+21.4	0.96	0.52	0.65	-32	+25	\$8.54
New England	-1.6	+28.9	1.05	.62	.81	-23	+31	11.59
Connecticut	-2.7	+44.1	.26	.31	.46	-27	+48	7.48
Maine	-5.1	+21.1	1.27	.51	.65	-49	+27	7.16
Massachusetts	-2	+25.1	1.25	.82	1.03	-18	+26	15.09
New Hampshire	-2.1	+20.0	1.10	.49	.60	-45	+22	7.04
Rhode Island	-2.4	+55.5	.96	.55	.88	-5	+60	12.48
Vermont	-5.0	+4.2	.61	.40	.44	-28	+10	4.67
Middle East	-1.2	+23.6	1.06	.43	.53	-50	+23	8.30
Delaware	+5.5	+20.5	.26	.16	.19	-27	+19	8.20
District of Columbia	+5.2	+11.9	.15	.12	.13	-13	+8	3.07
Maryland	+4	+12.3	.47	.23	.26	-45	+13	3.42
New Jersey	-3	+32.3	.60	.19	.26	-57	+37	3.72
New York	-1.1	+17.1	1.17	.52	.62	-47	+19	10.90
Pennsylvania	-2.2	+33.3	1.42	.46	.66	-54	+38	9.16
West Virginia	-7.8	+65.9	.52	.21	.37	-29	+76	3.58
Southeast	-2.7	+19.2	.36	.41	.50	+39	+22	4.28
Alabama	-7.0	-1.2	.25	.33	.35	+40	+6	2.67
Arkansas	-0.4	+48.5	.30	.35	.57	+90	+63	4.32
Florida	+4.7	+12.5	.44	.57	.62	+41	+9	6.64
Georgia	-2.1	+20.8	.26	.29	.35	+35	+21	3.04
Kentucky	-4.0	+18.8	.37	.26	.32	-14	+23	2.74
Louisiana	+5.0	+19.5	.76	1.56	1.80	+137	+14	17.88
Mississippi	-14.0	+23.5	.26	.25	.36	+38	+44	2.19
North Carolina	-2.6	+25.0	.33	.17	.22	-33	+29	1.86
South Carolina	-5.8	+7.3	.27	.28	.32	+19	+14	2.43
Tennessee	-3.0	+29.2	.47	.34	.45	-4	+32	3.94
Virginia	-7	+17.3	.20	.11	.13	-35	+18	1.27
Southwest	+4.8	+2.0	.56	.63	.61	+5	-3	7.07
Arizona	+5	+15.6	1.04	.67	.77	-26	+15	8.73
New Mexico	+8.3	+3.7	.47	.52	.50	+6	-4	4.94
Oklahoma	-1	-1.6	1.24	1.47	1.45	+17	-1	14.94
Texas	+6.3	+3.2	.34	.41	.40	+18	-2	4.81
Central	-5.0	+15.4	1.01	.45	.55	-46	+22	7.80
Illinois	-6.0	+12.4	1.15	.43	.52	-55	+21	8.43
Indiana	-5.4	+25.8	.87	.24	.31	-64	+29	4.07
Iowa	-12.9	+10.2	1.02	.41	.52	-49	+27	6.55
Michigan	-1.6	+24.5	.78	.56	.71	-9	+27	10.08
Minnesota	-7.0	+9.6	1.40	.53	.63	-55	+19	7.62
Missouri	-3.1	+11.9	.81	.67	.78	-4	+16	10.00
Ohio	-4.0	+9.7	.89	.42	.48	-46	+14	6.96
Wisconsin	-8.0	+25.9	1.34	.39	.51	-62	+31	6.73
Northwest	-7.4	+6.2	1.16	.72	.82	-29	+14	10.18
Colorado	-1.5	-4.4	2.01	1.80	1.75	-13	-3	22.66
Idaho	-3.8	+13.6	.97	.60	.70	-28	+17	8.49
Kansas	-3.3	+20.2	1.03	.59	.74	-28	+25	8.88
Montana	-12.3	+41.8	.77	.43	.69	-10	+60	9.29
Nebraska	-10.0	+7.3	.03	.41	.49	-47	+20	6.12
North Dakota	-18.4	+12.6	.82	.43	.60	-27	+40	6.51
South Dakota	-21.8	+19.0	1.00	.29	.44	-56	+52	4.95
Utah	+1.1	-8.6	1.55	.84	.76	-51	-10	9.16
Wyoming	+1.0	+5.9	.59	.47	.40	-17	+4	7.10
Far West	-3	+38.3	1.26	.87	1.21	-4	+30	10.10
California	(0)	+45.9	1.41	.82	1.20	-15	+46	19.40
Nevada	-7	+13.9	.54	.28	.32	-41	+14	5.66
Oregon	-2.2	+16.8	.77	.60	.71	-8	+18	9.89
Washington	-5	+22.1	.82	1.34	1.64	+100	+22	24.53

¹ Expenditures exclude amounts spent for administration and are for calendar year 1940 and fiscal years 1949 and 1950; they are related to income payments or calendar years 1940, 1948, and 1949, respectively.

² Data on per capita income for Alaska and Hawaii not available.

³ Increase of less than 0.05 percent.

the fiscal year 1950. Four out of every 5 States used a smaller proportion of income payments to meet need under the four public assistance programs in 1950 than in 1940.

Percentage-wise the rise in income payments over the period exceeded that in assistance expenditures in the country as a whole and in all regions² except the Southeast and Southwest, where the ratio of assistance expenditures to income payments increased by 39 percent and 5 percent (table 1). The largest decreases in assistance costs as a percent of income payments occurred in the Central and Middle East groups—46 and 50 percent, respectively. Of the other declines in fiscal effort, that for the Far West was slight (4 percent) and those for the New England and Northwest regions (23 percent and 29 percent) were less than the national decrease.

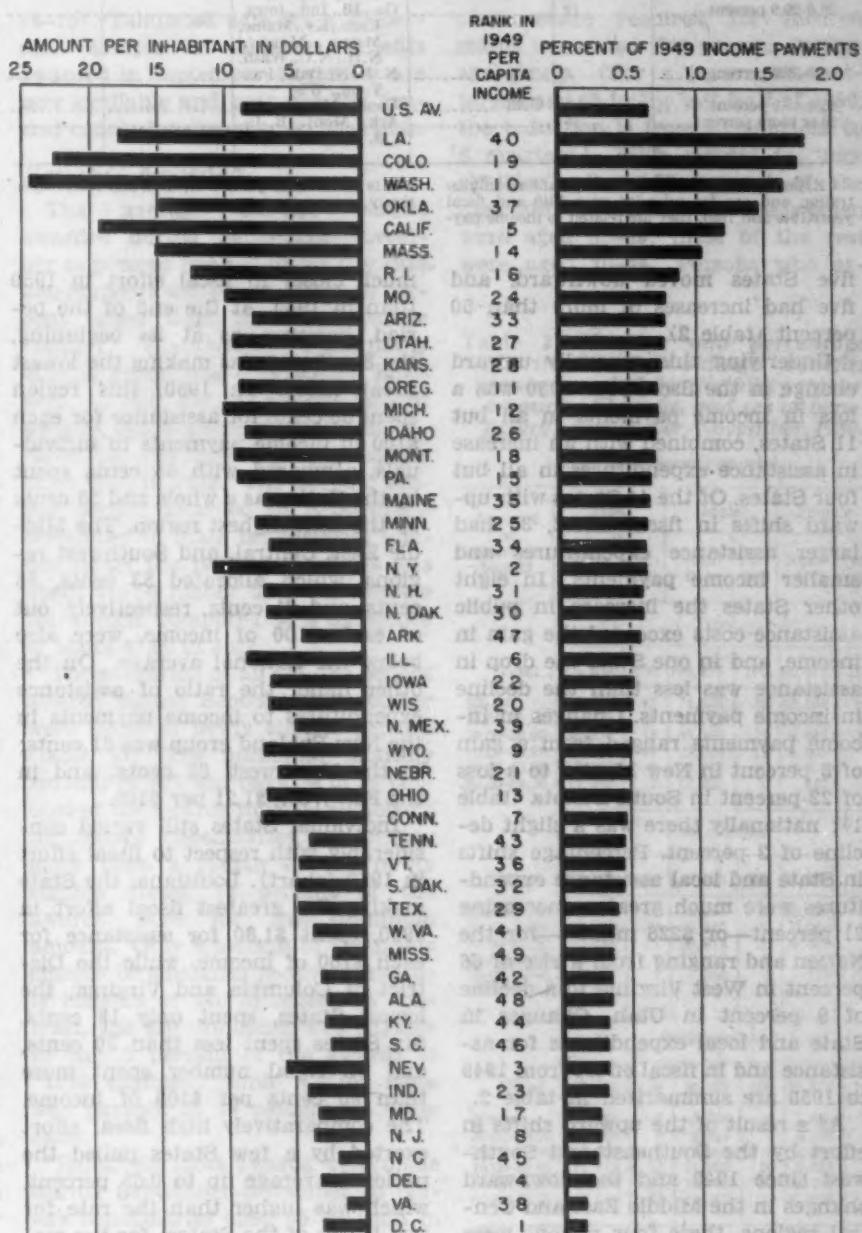
The regional average changes in the percent of income payments going to public assistance were generally characteristic of the individual States within each region (table 1). Decreases over the period in the ratio of assistance to income payments in 10 of the 15 States in the Middle East and Central regions exceeded the 32-percent decline for the United States. Indiana had a drop of 64 percent, the largest in the country, and was one of six States in these regions and of eight in the Nation with downward changes of more than 50 percent. Similarly, in four of the six States in New England and eight of the 13 States in the Northwest and Far West, fiscal effort decreased less than in the Nation as a whole; Washington, moving counter to the other States in these regions, had an increase of more than 100 percent—the second highest in the Nation. Ten of the 15 States in the Southeast and Southwest increased fiscal effort. The increases in Louisiana, where the fiscal effort was two and one-third times that in 1940, and in Arkansas, where

the 1940 rate was almost doubled, were out of line with changes in the other States. Of the five States in the Southwest and Southeast with declines in fiscal effort, only Virginia and North Carolina reported above-average decreases.

In general, declines from 1940 to 1950 in the percent of income payments used for aid to the needy would have been considerably greater and

increases much smaller had it not been for the marked upward change in effort during the last fiscal year of the period. Shifts in fiscal effort from 1949 to 1950 for individual States varied widely from the over-all increase of 25 percent for the country as a whole. Changes ranged from a decrease of 10 percent in Utah, the low State, to a rise of 76 percent in West Virginia, the high State. Only

Expenditures for public assistance from State and local funds, fiscal year 1950



² The socio-economic regions used in this analysis were adapted by the Department of Commerce from those proposed by Howard W. Odum in *Southern Regions of the United States* (University of North Carolina Press, Chapel Hill, 1936). The regional breakdown is based on factors that affect the number of assistance recipients and the amount of assistance expenditures.

Table 2.—Comparison of State changes in fiscal effort, assistance expenditures, and income payments¹

Change in fiscal effort	Number of States with specified percentage change in fiscal effort	States with—			
		Increase in assistance expenditures and—		Decrease in assistance expenditures and—	
		Increase in income payments	Decrease in income payments	Decrease in income payments	Increase in income payments
Total	49	10	35	3	1
Decrease	8	N. Mex., Tex.		Colo., Okla.	Utah.
Increase	44	8.	25	1.	0.
Less than 10.0 percent	4	D.C., Fla., Wyo.		Ala.	
10.0-19.9 percent	15	Ariz., Del., La., Md.			
20.0-29.9 percent	12		Idaho, Minn., Mo., Nebr., Nev., N.Y., Ohio, Oreg., S. C., Vt., Va.		
30.0-39.9 percent	5		Ga., Ill., Ind., Iowa, Kans., Ky., Maine, Mass., Mich., N.H., N.C., Wash.		
40.0-49.9 percent	3	Calif.	N. J., N. Dak., Pa., Tenn., Wis.		
50 or more percent	5		Conn., Miss.		
			Ark., Mont., R. I., S. Dak., W. Va.		

¹ Expenditures exclude amounts spent for administration and are for calendar year 1940 and fiscal years 1949 and 1950; they are related to income pay-

ments for calendar years 1940, 1948, and 1949, respectively.

five States moved downward, and five had increases of more than 50 percent (table 2).

Underlying this generally upward change in the fiscal year 1950 was a loss in income payments in all but 11 States, combined with an increase in assistance expenditures in all but four States. Of the 44 States with upward shifts in fiscal effort, 35 had larger assistance expenditures and smaller income payments. In eight other States the increase in public assistance costs exceeded the gain in income, and in one State the drop in assistance was less than the decline in income payments. Changes in income payments ranged from a gain of 8 percent in New Mexico to a loss of 22 percent in South Dakota (table 1); nationally there was a slight decline of 2 percent. Percentage shifts in State and local assistance expenditures were much greater, increasing 21 percent—or \$226 million—for the Nation and ranging from a rise of 66 percent in West Virginia to a decline of 9 percent in Utah. Changes in State and local expenditures for assistance and in fiscal effort from 1949 to 1950 are summarized in table 2.

As a result of the upward shifts in effort by the Southeast and Southwest since 1940 and the downward changes in the Middle East and Central regions, these four regions were

much closer in fiscal effort in 1950 than in 1940. At the end of the period, however, as at its beginning, the Southeast was making the lowest fiscal effort. In 1950, this region spent 50 cents for assistance for each \$100 in income payments to individuals, compared with 65 cents spent by the Nation as a whole and 53 cents by the next highest region. The Middle East, Central, and Southwest regions, which allocated 53 cents, 55 cents, and 61 cents, respectively, out of each \$100 of income, were also below the national average. On the other hand, the ratio of assistance expenditures to income payments in the New England group was 81 cents; in the Northwest, 82 cents; and in the Far West, \$1.21 per \$100.

Individual States still varied considerably with respect to fiscal effort in 1950 (chart). Louisiana, the State making the greatest fiscal effort in 1950, spent \$1.80 for assistance for each \$100 of income, while the District of Columbia and Virginia, the lowest States, spent only 13 cents. Six States spent less than 30 cents, and an equal number spent more than 90 cents per \$100 of income. The comparatively high fiscal effort exerted by a few States pulled the national average up to 65 percent, which was higher than the rate for two-thirds of the States; for the me-

dian State the rate was 0.52 percent.

Generally speaking, the need for public assistance is greatest where ability to support the costs of meeting need is smallest. Seven of the 12 lowest-income States, for example, are among the 12 States with the highest recipient rates for old-age assistance—the largest public assistance program—and three others have rates above the national average. On the other hand, six of the 12 States with highest per capita incomes are among the 12 lowest in recipient rates for old-age assistance, and in four others the rates are below the average for the United States. As a result of these below-average recipient rates, the high-income States can support public assistance at a more nearly adequate level without putting forth great effort. The 12 States with the highest per capita income were equally divided above and below the median State in fiscal effort; four States in this group ranked among the 12 lowest in fiscal effort and three others among the 12 highest States.

The lowest-income States, however, because of their generally high recipient rates, have to exert above-average fiscal effort if they are to support individual assistance payments on a par with the national average. At the present time the States with the least fiscal ability make payments per recipient considerably below the United States average. From 1940 to 1950, when fiscal effort for the Nation declined by almost a third, many of the lowest-income States showed substantial rises. But despite the fact that seven of these States increased their fiscal effort between 1940 and 1950 and that in three other States the decrease was below the national average, in 1950 the low-income group still did not spend as large a proportion of income payments for assistance as did the rest of the country. Accordingly, of the 12 lowest-income States, half are among the 12 exerting least fiscal effort, four are below the median in this respect, and only Louisiana and Arkansas are above it.

Even if a low-income State were to use the same percent of income payments for public assistance as a high-income State, the result in actual

dollars would be much less. Thus, if Mississippi were to make the same fiscal effort as New York, by spending for assistance 62 cents per \$100 of income payments, the resulting expenditure per inhabitant would be only \$3.77 compared with \$10.99 in New York. To equal New York's expenditure per inhabitant, Mississippi would have to make more than five times its current fiscal effort.

No matter what standard might be set for a public assistance program, it would always take a larger percent of income payments to maintain that standard in the lowest-income States than in other States. If Mississippi, for example, were to spend as much per recipient from State and local funds as the average State, it would have to devote 1.59 percent of its income to public assistance—almost two and one-half times the Nationwide average of 0.65 percent and more than was spent in the fiscal year 1950 in any other State except Colorado, Louisiana, and Washington.

Liberalized Eligibility Provisions and Old-Age Benefits

The 1950 amendments to the Social Security Act provide, until the middle of 1954, fully insured status for any individual living on September 1, 1950, who has as many as 6 quarters of coverage. About 700,000 persons aged 65 or over became newly insured as a result of this liberalization in the insured-status requirements and hence became eligible to receive old-age benefits. More than three times as many old-age benefits were awarded in September–November 1950 as in the corresponding period a year earlier, chiefly because of this liberalization.

The newly eligible persons have, on the whole, substantially lower average monthly wages and fewer credited increment years than persons insured under the 1939 amendments. As a result, the average monthly amount of old-age benefits awarded to "new eligibles" is markedly lower than in the case of persons eligible under the 1939 provisions. This benefit pattern was discussed briefly in the February 1951 issue of the BULLETIN (pages

Table 1.—Average monthly amount of old-age benefits newly awarded, by eligibility status and sex of beneficiary, July and September–November 1950

[Based on 20-percent sample]

Eligibility status	Average monthly amount newly awarded						Percentage increase, Sept.–Nov. from July		
	Total		Male		Female		Total	Male	Female
	July	Sept.–Nov.	July	Sept.–Nov.	July	Sept.–Nov.			
Total	\$29.13	\$31.36	\$30.33	\$33.15	\$29.24	\$28.01	8	9	12
"New eligibles"		25.37		26.25		23.07			
"1939 eligibles"	29.13	49.03	30.33	50.79	29.24	40.25	66	65	73

14–15). Tabulated data for a 20-percent sample of old-age benefits awarded in September–November are now available and bear out the general conclusions reached in that note.

Benefits Awarded

The average old-age benefit awarded during September–November to persons insured under the 1939 amendments was \$49.02, about 68 percent larger than the July average (table 1). The average for the newly eligible group was only \$25.37, however, so that for all old-age benefit awards the average for September–November was only 8 percent higher than that in July. The average old-age benefit awarded in September–November to male beneficiaries eligible under the 1939 amendments was about \$10.50 higher than the average for women, compared to a difference of about \$7.00 in July.

Three-fourths of all old-age benefit awards during September–November were made to newly eligible persons (table 2). The minimum monthly amount of \$20 was payable in 56 percent of the awards to "new eligibles"; for female beneficiaries, comprising more than a fourth of the newly eligible group, 74 percent of the awards were for the minimum amount. Only 8 percent of the newly eligible beneficiaries received monthly benefits of \$40 or more. In contrast, the \$20 minimum was payable in only 7 percent of the awards to "1939 eligibles," while \$40 or more was payable in 79 percent of these cases.

Relatively more awards were made during September–November to old-age beneficiaries aged 65–69 than in July, since the reduction in quarters

of coverage required for insured status is greatest for persons in this age group. (For a person who attained age 65 in the last half of 1950, the reduction is from 27 quarters to 6 quarters.) With respect to "new eligibles" alone, 77 percent of the men and 81 percent of the women were aged 65–69; most of the rest were aged 70–74. Persons who at-

Table 2.—Number and percentage distribution of old-age benefits newly awarded, by eligibility status, amount of benefit, and sex of beneficiary, September–November 1950

[Based on 20-percent sample]

Amount of monthly benefit	Total		Male		Female	
	Number	Percent	Number	Percent	Number	Percent
Total						
Total	266,050	100	190,475	100	66,575	100
\$20.00	116,498	43	74,333	36	42,165	63
20.01–29.99	41,382	16	31,070	16	10,312	15
30.00–39.99	36,826	15	33,181	17	6,645	10
40.00–49.99	28,287	11	22,626	12	4,661	7
50.00–59.99	22,260	8	19,034	10	2,335	4
60.00–68.50	17,788	7	17,331	9	457	1
"New eligibles"						
Total	196,508	100	143,396	100	55,202	100
\$20.00	111,574	56	71,095	49	40,479	74
20.01–29.99	37,829	19	26,825	20	9,004	16
30.00–39.99	33,536	17	26,975	20	4,561	8
40.00–49.99	13,443	7	12,417	9	1,026	3
50.00–59.99	1,467	1	1,346	1	121	(1)
60.00–68.50	749	(1)	738	1	11	(1)
"1939 eligibles"						
Total	67,452	100	50,079	100	11,373	100
\$20.00	4,024	7	3,235	6	1,686	15
20.01–29.99	3,553	5	2,245	4	1,308	12
30.00–39.99	6,290	9	4,206	8	2,084	18
40.00–49.99	14,844	22	11,200	20	3,635	32
50.00–59.99	20,802	32	18,588	32	2,214	19
60.00–68.50	17,039	28	16,503	30	446	1

⁽¹⁾ Less than 0.5 percent.

Table 3.—Number and percentage distribution of old-age benefits newly awarded, by eligibility status, age, and sex of beneficiary, July and September–November 1950

[Based on 20-percent sample]

Age ¹	Total				Male				Female			
	July		Sept.-Nov.		July		Sept.-Nov.		July		Sept.-Nov.	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Total	18,540	100	266,050	100	15,436	100	199,475	100	3,104	100	66,575	100
65-69	13,178	71	193,586	73	10,888	71	141,579	71	2,290	74	52,007	78
70-74	3,669	20	54,429	20	3,092	20	41,712	21	577	18	12,717	19
75 and over	1,693	9	18,035	7	1,456	9	16,184	8	237	8	1,851	3
"New eligibles"			196,506	100		143,306	100			55,202	100	
65-69			154,886	78		110,290	77			44,596	81	
70-74			43,206	22		32,787	23			10,508	19	
75			417	(9)		319	(9)			98	(9)	
"1939 eligibles"	18,540	100	67,452	100	15,436	100	56,079	100	3,104	100	11,373	100
65-69	13,178	71	38,700	57	10,888	71	31,289	56	2,290	74	7,411	65
70-74	3,669	20	11,134	17	3,092	20	8,925	16	577	18	2,209	20
75 and over	1,693	9	17,618	26	1,456	9	15,865	28	237	8	1,753	15

¹ Age on birthday in 1950.

² Less than 0.5 percent.

tained age 75 in the first half of 1950 and all those over age 75 were insured under both the 1939 and the 1950 amendments with the minimum 6 quarters of coverage.

With respect to "1939 eligibles" alone, the proportion of old-age beneficiaries in the group aged 75 and over increased from 9 percent for July awards to 26 percent for September–November. This increase was due chiefly to the new provision permitting beneficiaries aged 75 and over to draw benefits regardless of the amount of their earnings.

Benefits in Current-Payment Status

Table 4 shows the number and average monthly amount of old-age benefits in current-payment status

at the end of each month from August to November 1950, by eligibility status. The most significant fact shown by this table is the rapid growth in the number of "new eligibles" receiving old-age benefits; by the end of November the newly eligible group comprised 12 percent of all old-age beneficiaries. This group will continue to grow rapidly for several months until these life claims are taken care of.

The average monthly benefit payable at the end of November to "new eligibles" was only \$25.32, less than the average old-age benefit being paid at the end of August under the 1939 amendments and only slightly more than half the average amount payable to "1939 eligibles" at the end of November. Chiefly because of this low average for "new eligibles," the in-

crease from August to November in the average monthly amount for all old-age beneficiaries was only 68 percent, even though the average amount payable to "1939 eligibles" increased during the same period by 78 percent.

Amended OASI Benefit Formula

The substantial increase in benefit levels under old-age and survivors insurance that was provided by the 1950 amendments is effected, for current beneficiaries and those becoming eligible in the near future, largely by means of a conversion table in the amended Act. For beneficiaries becoming eligible later, most of the increase is produced by the use of a new benefit formula. An analysis of the amended formula and its effect on benefits has been made by the Division of the Actuary¹; certain portions of the analysis, which is primarily mathematical and quantitative, are summarized here.

The new formula for calculating the primary insurance amount of individuals who acquire 6 quarters of coverage after 1950 is as follows:

Average monthly wage	Primary insurance amount
\$30 or less	\$20
31	21
32	22
33	23
34	24
35-49	25
50 or more	50 percent of first \$100 of average monthly wage plus 15 percent of any balance not exceeding \$200.

The formula can be put into a more simplified form for calculating the benefit amount when the average monthly wage exceeds \$100. By an algebraic transformation, the primary insurance amount for average monthly wages of more than \$100 may be expressed as \$35 plus 15 per-

Table 4.—Number and average monthly amount of old-age benefits in current-payment status at the end of the month, by eligibility status and by month, August–November 1950

[Based partly on 20-percent sample]

Month	Total		"1939 eligibles"		"New eligibles"	
	Number	Average monthly amount	Number	Average monthly amount	Number	Average monthly amount
August	1,405,592	\$26.36	1,405,592	\$26.36	1	
September	1,444,772	46.62	1,432,558	46.79	12,214	\$26.32
October	1,563,318	45.39	1,461,309	46.76	102,009	25.67
November	1,681,370	44.38	1,487,514	46.87	198,856	25.32

¹ Walter E. Wilcox, *Analysis of the Benefits Under Title II of the Social Security Act Amendments of 1950* (Actuarial Study No. 30).

cent of the average monthly wage (not exceeding \$300). The results produced by this statement of the formula are, of course, identical with those obtained by taking 50 percent of the first \$100 of the average monthly wage and adding 15 percent of the amount over \$100.

A graphic method for use in calculating approximate individual and family benefits—both under the new benefit formula and under the old formula combined with the conversion table—is given in the accompanying chart. Table 2 shows the total amount of monthly benefits that will be payable to various types of family groups under the "new start" formula. The composition of these groups is set forth in table 1.

Total family benefits are limited in some cases by the amended provisions governing maximum payments. These provisions limit to \$40 the maximum total monthly benefit that may be paid on an average monthly wage of \$50 or less; on wages of \$51-187 the total benefit can be no more than 80 percent of the average wage; and on an average of \$188 or more, the maximum is \$150. The upper limit of \$150 represents an increase of 76 percent over the maxi-

Table 1.—*Beneficiary categories and total amount of benefits payable as percent of primary insurance amount*

Total benefits as percent of primary insurance amount	Beneficiary category
75	1 survivor child; widow; dependent widower or parent. Old-age beneficiary.
100	2 survivor children.
125	Old-age beneficiary and wife; old-age beneficiary and 1 child; old-age beneficiary and dependent husband.
150	1 survivor child and mother; 1 survivor child and widow; 1 survivor child and dependent widow; 2 dependent parents.
175	3 survivor children.
200	Old-age beneficiary, wife, and 1 child; old-age beneficiary and 2 children; old-age beneficiary and 1 child and dependent husband.
225	2 survivor children and mother; 2 survivor children and widow; 2 survivor children and dependent widow.
250	4 survivor children; 3 dependent parents; widow, mother, and 1 child (where mother is a former wife divorced).
300	Lump-sum death payment.

¹ Largest family benefit payable when all beneficiaries are drawing their full individual percentage of primary insurance amount.

Table 2.—*Amount of monthly benefits payable under "new start" formula in relation to average monthly wage, by beneficiary category*

Average monthly wage	Beneficiary category, ¹ by specified percent of primary insurance amount							
	75 percent	100 percent	125 percent	150 percent	175 percent	200 percent	225 percent	250 percent or higher
Total amount of monthly benefits ²								
\$25	\$15.00	\$20.00	\$25.00	\$30.00	\$35.10	\$40.00	\$40.00	\$40.00
50	30.00	40.00	51.40	57.00	60.20	60.00	60.00	60.00
75	28.20	37.50	47.00	56.40	60.00	60.10	60.00	60.00
100	37.50	50.00	62.00	75.00	80.10	80.00	80.00	80.00
125	40.40	53.80	67.40	80.80	94.20	100.10	100.00	100.00
150	43.20	57.50	72.00	86.40	100.80	115.20	120.00	120.00
175	46.00	61.30	76.80	92.00	107.40	122.80	138.00	140.00
200	48.80	65.00	81.40	97.60	114.00	130.20	146.40	150.00
225	51.60	68.80	86.00	103.20	120.00	137.60	150.00	150.00
250	54.40	72.50	90.80	108.80	126.90	145.20	150.00	150.00
275	57.30	76.30	96.40	114.60	133.80	150.10	150.00	150.00
300	60.00	80.00	100.00	120.00	140.10	150.10	150.00	150.00
Percent of average monthly wage								
\$25	60	80	100	120	140	160	160	160
50	38	50	63	75	80	80	80	80
75	35	50	63	75	80	80	80	80
100	33	50	63	75	80	80	80	80
125	32	43	54	65	75	80	80	80
150	29	38	48	58	67	77	80	80
175	26	35	44	53	61	70	70	80
200	24	32	41	49	57	65	73	75
225	23	31	38	46	54	61	67	67
250	22	29	36	44	51	58	60	60
275	21	28	35	42	49	55	55	55
300	20	27	33	40	47	50	50	50

See table 1 for composition of beneficiary groups.

² Total benefits may vary slightly with composition.

tion of beneficiary groups, because of the provision for rounding benefits.

mum of \$85 permitted under the old law, which also included a further restriction to the effect that total benefits could not exceed twice the primary benefit. No corresponding restriction is included in the 1950 amendments.

One point of interest in connection with these limits is the difference between the earlier law and the 1950 amendments in the provisions governing deductions from benefits. Under the old law the maximum provisions applied to the total benefits of all beneficiaries in a family group, regardless of whether all such benefits were being paid or had been suspended in part. Under the 1950 amendments the limits are applied only to those benefits actually being paid for a particular month.

For an average wage of \$25, maximum family benefits under the new formula, expressed as a percent of the average monthly wage, equal 160 percent. They then decrease to 80 percent for average wages of \$50-187 and reach a low of 50 percent for an average wage of \$300. Values of these percentages (as well as for maximum benefits expressed as a percent of

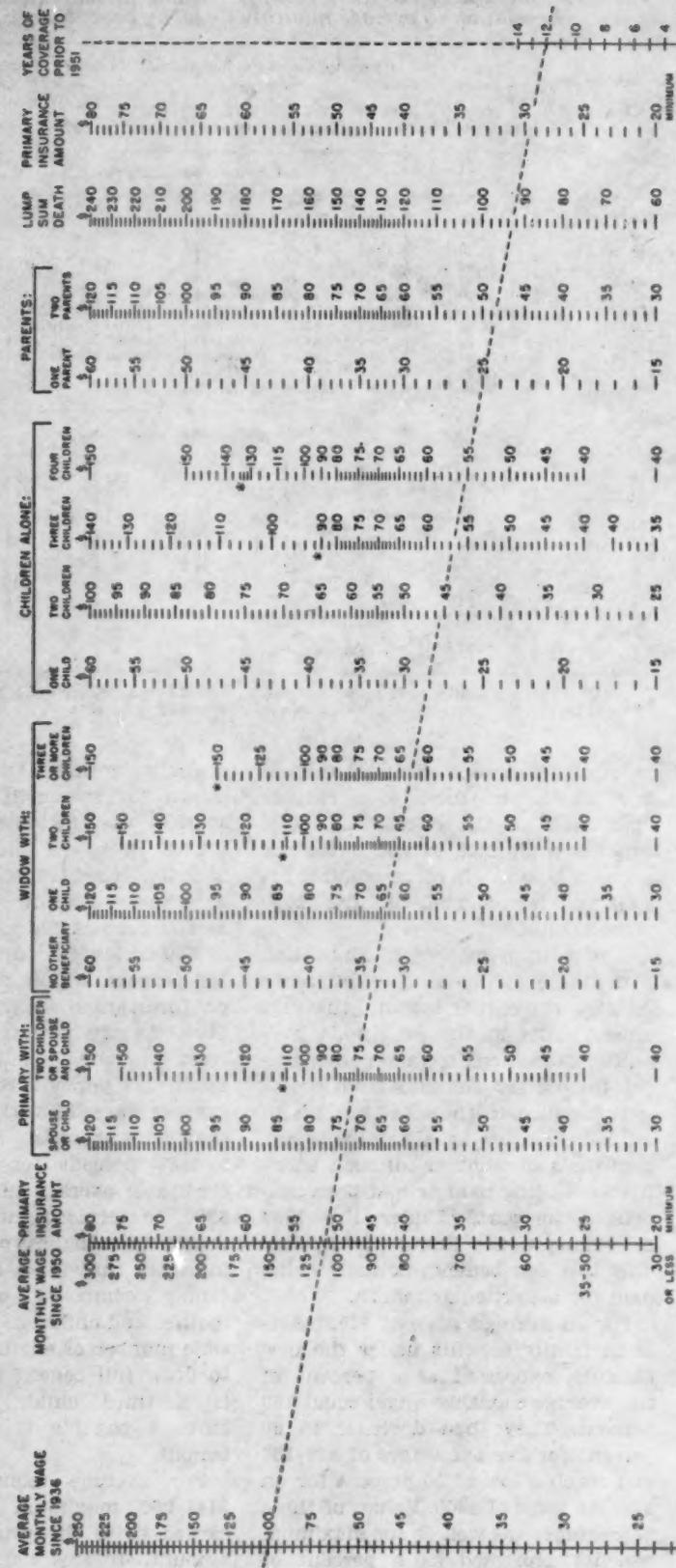
primary insurance amount) are shown for specimen values of the average wage in table 3.

The ratios of maximum family benefits, based on the new formula, to primary insurance amounts begin at 200 percent for an average wage of \$30 or less and drop to a level of 160 percent, which continues to apply for average wages of \$35 through \$100. As the average wage climbs from \$100, the percentages rise steadily to 237 percent, corresponding to average wages of \$187 and \$188. From that point there is a continuous drop to 188 percent for the maximum creditable average monthly wage of \$300. In terms of number of beneficiaries, the highest percentage (237) indicates that for a typical survivor family composed of a widowed mother and children, the largest possible number of eligible children able to draw full benefit is two; if there is a third child, the additional amount payable is only a partial benefit.

For average monthly wages of \$141-266, maximum family benefits exceed twice the primary insurance amount. In this wage range, there-

**OLD-AGE AND SURVIVORS INSURANCE BENEFIT CHART, 1950 AMENDMENTS
(BY EUGENE A. RASOR)**

INSURANCE



* Values between \$40 and the asterisk represent reductions due to the

The above chart computes, with the aid of a straight edge, the "Primary Insurance Amount" based on the "Conversion Table" and on the "New Start" formula (the larger of which is payable). This chart also computes the total family benefit payable including survivors benefits, if eligible e.g., by spouse is meant wife over 65, wife under 65 with a child under 18, or dependent husband over 65.

EXAMPLE 1: To determine the primary insurance amount for an eligible worker having an "Average Monthly Wage" since 1936 of \$100 and 12 years of coverage prior to 1951: Draw a line connecting \$100 on the "Average Monthly Wage" since 1936 scale with 12 years on the "Years of Coverage" scale. The resulting amount (\$51.50) is shown at its intersection on the "Primary Insurance Amount" scale.

EXAMPLE 2: To determine the Primary Insurance Amount for an eligible worker having an Average Monthly Wage since 1950 of \$200 per month:

Note the amount (\$65.00) on the "Primary Insurance Amount" scale opposite the average wage (\$200). This amount (\$65.00), is applicable unless the amount arising from his "Average Monthly Wage" since 1936 is larger.

EXAMPLE 3: To determine the total monthly benefit payable to all eligible beneficiaries: Draw a horizontal line connecting the

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Table 3.—Comparison of maximum family benefits, average monthly wage, and primary insurance amount under "new start" formula

Average monthly wage	Primary insurance amount	Maximum family benefit amount	Maximum family benefit as percent of—	
			Primary insurance amount	Average monthly wage
\$25	\$20.00	\$40.00	200	160
50	25.00	40.00	160	80
75	37.50	60.00	160	80
100	50.00	80.00	160	80
125	53.75	100.00	186	80
150	57.50	120.00	209	80
175	61.30	140.00	228	80
200	65.00	150.00	231	75
225	68.80	150.00	218	67
250	72.50	150.00	207	60
275	76.30	150.00	197	55
300	80.00	150.00	188	50

fore, maximum family benefits are larger than they would have been had the 1950 amendments retained the limitation restricting maximum monthly benefits to twice the primary benefit.

New Types of OASI Benefits Awarded

The 1950 amendments to the Social Security Act added two new types of benefits to the program, husband's and widower's insurance benefits, and broadened the eligibility provisions for two others, wife's and mother's insurance benefits. Preliminary data on the number of these new types of monthly benefits awarded during September-December 1950 are shown in the accompanying tabulation.

Husband's and Widower's Benefits

The dependent husband, or the dependent widower, of a female wage earner who was both fully and currently insured when she became entitled to old-age insurance benefits or when she died (after August 1950) may qualify at or after age 65 for monthly benefits on his wife's record. The amount of a husband's benefit is one-half, and a widower's benefit is three-fourths, of the wife's primary insurance amount.

The amendments made eligible immediately most of the dependent husbands aged 65 or over of female old-age beneficiaries on the rolls at the end of August 1950. By the end of December more than 650 husband's benefits had been awarded at an average monthly rate of about \$20. Most of these awards were made to men whose wives were on the benefit rolls at the end of August. During the same period, 21 widower's benefits were awarded; the average monthly benefit was about \$33. Fewer awards of widower's than of husband's benefits had been expected, since no backlog of potentially eligible widowers comparable to that for dependent husbands was established by the amendments. Widower's benefits are payable only with respect to deaths after August 1950.

Wife's and Mother's Benefits

Under the amendments the wife of an old-age insurance beneficiary may receive benefits when she is under age 65 if she has a child beneficiary

in her care. In the 4-month period September-December 1950, monthly benefits were awarded to 9,450 wives under age 65. The average monthly amount was about \$13, compared to an average of about \$19.75 for benefits awarded during the same period to wives aged 65 or over. This low average benefit is due to (1) the proportionately large number of wives of newly eligible old-age beneficiaries, who have markedly lower benefit amounts, and (2) reduction in the wife's benefit because of the maximum family benefit provisions. The benefit is reduced in all families with one entitled child if the old-age benefit is \$20.10-\$55.90, and in all families with more than one entitled child regardless of the old-age benefit amount.

Under the broadened eligibility provisions for mother's insurance benefits, the "former wife divorced" of an insured deceased worker is eligible for monthly benefits if she was receiving at least half of her support from him at the time of his death and is the mother of his entitled child. By the end of December 1950, 12 divorced wives had been awarded benefits averaging about \$27 per month.

Month	Wife's ¹	Husband's	Widower's	Mother's ²
Total	9,450	662	21	12
September	278	9	1	0
October	1,990	107	0	0
November	3,425	245	8	3
December	3,757	301	8	4

¹ Under age 65.

² Former wife divorced.

SOCIAL SECURITY IN REVIEW (Continued from page 2)

fornia, Idaho, Oklahoma, Utah, and West Virginia) and one interstate instrumentality (the Interstate Oil Compact Commission) had signed agreements. Four other States and two interstate instrumentalities were working toward agreements. An additional six States had passed legislation enabling the State to negotiate an agreement, and 16 were considering such legislation.

UNEMPLOYMENT IN FEBRUARY, as reflected by claims filed for benefits under the State unemployment insurance programs, dropped sharply as claims leveled off from January's seasonally high totals. The shorter work-month and increased job opportunities in some industries were factors in reducing the number of claims. Initial claims for benefits declined more than one-fourth to 752,800—nearly two-fifths less than the total a year earlier. The 4,259,600 weeks of unemployment claimed (representing

continuing unemployment) were less than four-fifths of the January total.

During an average week in February, 883,100 persons received unemployment benefits—9 percent fewer than in January and less than half the number in an average week in February 1950. The benefits paid to unemployed workers fell even more sharply (21 percent) from the total for the preceding month to \$71.4 million; one reason was the drop of 16 cents, to \$20.71, in the average weekly check for total unemployment.

Recent Publications

Social Security Administration

Annual Report of the Social Security Administration, 1950. (Also included in the *Annual Report of the Federal Security Agency.*) Washington: U. S. Govt. Print. Off., 1951. 80 pp. 25 cents.

Outlines operations during the fiscal year 1949-50 in the programs for which the Administration has Federal responsibility, discusses the 1950 amendments to the Social Security Act, and presents recommendations for additional changes. The recommendations were summarized in the BULLETIN for March 1951.

WILCOX, WALTER E. *Analysis of the Benefits Under Title II of the Social Security Act Amendments of 1950.* (Actuarial Study No. 30.) Washington: Division of the Actuary, Feb. 1951. 46 pp. Processed.

A study concerned "primarily with the mathematical relationships existing between individual and family benefits, and between benefits and the average wages used for determining them." Limited free distribution; apply to the Division of the Actuary, Social Security Administration, Washington 25, D. C.

General

Freedom and the Welfare State: A Symposium. New York: League for Industrial Democracy, 1950. 36 pp. 25 cents.

Includes Next Steps in Social Security, by Oscar R. Ewing; Freedom and the General Welfare, by Herbert H. Lehman; Labor Looks at the Welfare State, by George Meany; and Social Welfare and Democracy in the Atomic Age, by Walter P. Reuther.

GREAT BRITAIN. MINISTRY OF HEALTH. *Civil Defense Act, 1948: Memorandum on Evacuation.* London: H. M. Stationery Office, 1950. 16 pp. 6d.

GREAT BRITAIN. MINISTRY OF LABOR AND NATIONAL SERVICE. *Report . . . for the Year 1949.* (Cmd. 8017.)

* Prepared in the Library, Federal Security Agency. The inclusion of prices of publications in this list is intended as a service to the reader, but orders must be directed to publishers or booksellers and not to the Social Security Administration or the Federal Security Agency. Federal publications for which prices are listed should be ordered from the Superintendent of Documents, U. S. Government Printing Office, Washington 25, D. C.

London: H. M. Stationery Office, 1950. 158 pp. 4s.

Material on the rehabilitation, training, and employment of disabled persons is included.

HILLMAN, ARTHUR. *Community Organization and Planning.* New York: The Macmillan Company, 1950. 378 pp. \$4.

Life Insurance Trends at Mid-Century. David McCahan, editor. (S. S. Huebner Foundation for Insurance Education, Lectures.) Philadelphia: University of Pennsylvania Press, 1950. 176 pp. \$2.75.

Selected Essays on Family Law. Compiled and edited by a committee of the Association of American Law Schools. Brooklyn: The Foundation Press, Inc., 1950. 1,122 pp. \$9.50.

UNION OF SOUTH AFRICA. DEPARTMENT OF SOCIAL WELFARE. *Report . . . for the Period 1st October, 1937 to 31st March, 1949.* Pretoria: Government Printer, 1950. 131 pp. 11s.6d.

U. S. CONGRESS. SENATE. COMMITTEE ON EXPENDITURES IN THE EXECUTIVE DEPARTMENTS. *Intergovernmental Relationships Between the United States and the States and Municipalities: I. A Review of the Federal Grant-in-Aid Programs for the Fiscal Year 1950.* (S. Rept. 94, 82d Cong., 1st sess.) Washington: U. S. Govt. Print. Off., 1951. 57 pp.

Lists the Federal grants-in-aid to the individual States for the fiscal years 1949 and 1950 and the apportionments for the fiscal year 1951.

Retirement and Old Age

BROWER, F. BEATRICE. "Second Thoughts on Compulsory Retirement." *Conference Board Management Record*, New York, Vol. 13, Feb. 1951, pp. 50-52.

Presents arguments for and against compulsory retirement.

"Education for Aging: A Symposium." *Adult Education*, Cleveland, Vol. 1, Dec. 1950, pp. 41-79. 50 cents.

"Immediate and Deferred Retirements." *Monthly Review* (Railroad Retirement Board), Chicago, Vol. 12, Mar. 1951, pp. 38-39 ff.

"Longevity of Railroad Annuitants." *Monthly Review* (Railroad Retirement Board), Vol. 12, Feb. 1951, pp. 22-25.

NEW YORK ACADEMY OF MEDICINE.

The Social and Biological Challenge of Our Aging Population: Proceedings of the Eastern States Health Education Conference, March 31-April 1, 1949. New York: Columbia University Press, 1950. 183 pp. \$2.75.

Includes papers on the development of gerontological research, demographic background, controllable factors in the aging processes, the control of chronic disease, psychological factors, retirement, and the sociological challenge presented by the aging population.

RUTGERS UNIVERSITY. BUREAU OF GOVERNMENT RESEARCH. *Pension Legislation for Public Employees in New Jersey.* New Brunswick, N. J.: The University, Dec. 1950. 59 pp. 50 cents.

TEACHERS INSURANCE AND ANNUITY ASSOCIATION OF AMERICA. *Social Security and TIAA Retirement Plans.* New York: The Association, 1950. 30 pp.

Presents data showing how the Association's retirement benefits may be coordinated with benefits provided by old-age and survivors insurance.

U. S. RAILROAD RETIREMENT BOARD. *Annual Report for the Fiscal Year Ended June 30, 1950.* Washington: U. S. Govt. Print. Off., 1951. 168 pp. 50 cents.

Employment

BAMBRICK, JAMES J., JR., and STIEGLITZ, HAROLD. *Cost of Living Provisions in Union Contracts.* (Conference Board Reports, Studies in Personnel Policy, No. 113.) New York: National Industrial Conference Board, 1951. 64 pp.

Describes the experience of both the employers and the unions.

BOWLES, GLADYS K.; DUCOFF, LOUIS J.; and HAGOOD, MARGARET JARMAN. *The Hired Farm Working Force, 1948 and 1949, with Special Reference to Coverage of Hired Farm Workers Under Old-Age and Survivors Insurance.* Washington: U. S. Department of Agriculture, Bureau of Agricultural Economics, Nov. 1950. 45 pp. Processed.

Analyzes data based on two enumerative sample surveys made at the end of 1948 and 1949.

BROWER, F. BEATRICE. *Company Group Insurance Plans.* (Conference Board Reports, Studies in Personnel Policy, No. 112.) New York: National Industrial Conference Board, Inc., 1951. 70 pp.

(Continued on page 32)

Current Operating Statistics

Table 1.—Selected social insurance and related programs, by specified period, 1940-51

[In thousands; data for Civil Service Commission retirement and disability benefits revised with the April 1951 issue; data corrected to Apr. 4, 1951]

Year and month	Total ¹	Retirement, disability, and survivor programs										Unemployment insurance programs			Readjustment allowances to self-employed veterans ¹³						
		Monthly retirement and disability benefits ²				Survivor benefits				Temporary disability benefits ³		State laws ¹⁰	Servicemen's Readjustment Act ¹¹	Railroad Unemployment Insurance Act ¹²							
		Social Security Act		Railroad Retirement Act		Civil Service Commission ⁴		Veterans Administration		Monthly											
		Social Security Act ⁴	Railroad Retirement Act ⁴	Civil Service Commission ⁴	Veterans Administration	Social Security Act ⁴	Railroad Retirement Act ⁴	Civil Service Commission ⁴	Veterans Administration	Social Security Act	Other ⁶										
Number of beneficiaries																					
1950																					
February	1,770.1	243.5	150.5	2,347.5	1,054.7	130.6	14.0	978.4	17.1	9.8	29.0	30.4	2,027.8	64.3	160.3	2.0					
March	1,706.7	245.7	133.9	2,352.3	1,066.4	132.1	14.0	977.2	20.7	11.8	32.1	31.4	2,097.6	61.4	164.6	2.2					
April	1,813.3	247.3	152.4	2,358.5	1,075.4	133.4	15.5	981.0	17.2	12.0	30.5	27.7	1,559.4	48.7	91.2	2.1					
May	1,827.2	249.1	153.9	2,362.9	1,084.4	135.1	16.3	982.9	18.5	12.7	34.5	28.3	1,567.2	36.2	66.9	2.1					
June	1,839.3	250.7	155.1	2,368.2	1,091.1	136.6	17.1	991.2	18.0	11.5	32.8	26.6	1,588.4	28.9	46.0	2.0					
July	1,852.9	251.6	155.8	2,343.1	1,083.2	137.6	17.5	995.1	16.0	10.1	31.3	25.5	1,582.2	26.0	45.8	1.7					
August	1,867.1	252.6	157.4	2,347.6	1,100.0	138.5	18.5	998.2	16.2	11.5	30.1	35.5	982.8	21.3	44.7	1.4					
September	1,917.8	253.6	158.5	2,352.6	1,108.6	139.1	20.3	1,000.7	12.0	9.8	28.3	31.5	805.9	13.8	31.7	1.0					
October	2,062.7	254.3	159.5	2,358.2	1,119.6	140.1	23.5	1,004.7	11.9	10.4	30.7	33.4	651.5	7.1	32.6	.7					
November	2,209.2	255.1	160.0	2,361.7	1,137.0	141.0	24.1	1,007.6	16.7	10.4	28.2	33.9	733.7	5.5	30.9	.4					
December	2,323.0	255.6	160.8	2,365.8	1,154.2	141.7	24.9	1,010.1	19.6	9.5	27.2	32.1	832.0	5.8	34.9	.3					
1951																					
January	2,428.9	256.3	161.8	2,364.9	1,176.4	142.5	25.7	1,000.6	33.0	11.1	29.1	39.3	971.7	6.0	50.5	.3					
February	2,510.6	257.2	162.7	2,365.6	1,196.0	142.8	26.5	1,001.4	30.6	10.3	27.9	28.4	863.1	5.0	46.8	.2					
Amount of benefits ¹⁴																					
1940																					
	\$1,188,702	\$21,074	\$14,166	\$62,019	\$317,851	\$7,784	\$1,448		\$105,696	\$11,736	\$12,267			\$518,700	\$15,361						
1941	1,085,488	55,141	119,912	64,933	320,561	25,454	1,550		111,799	13,328	13,943			344,321	14,537						
1942	1,130,721	80,305	122,806	68,115	325,265	41,702	1,603		111,193	15,058	14,342			344,084	6,268						
1943	921,465	97,257	125,706	72,961	331,350	57,763	1,704		116,133	17,830	17,255	\$2,857		79,643	91.7						
1944	1,118,708	119,009	129,707	77,193	456,279	76,942	1,765		144,302	22,146	19,238	5,035		62,385	\$4,112	\$82,102					
1945	2,065,566	157,391	137,140	83,874	697,830	104,231	1,772		254,238	26,135	23,431	4,669		445,866	114,955	2,359					
1946	5,149,761	230,285	149,188	94,585	1,268,984	130,139	1,817		333,640	27,267	30,610	4,761		1,094,850	1,491,294	39,917					
1947	4,700,827	299,830	177,053	106,876	1,676,029	153,109	19,283		382,515	29,517	33,115	26,025		511,368	772,268	39,401					
1948	4,510,041	366,887	208,642	132,852	176,736	36,011	\$918	413,912	32,315	32,140	35,572	30,843	703,265	426,569	28,599						
1949	5,693,462	454,483	240,893	158,973	1,692,215	201,369	39,257	4,317	477,406	33,158	31,771	58,448	30,103	1,737,279	366,635	103,566					
1950	5,354,066 ¹⁵	717,149	254,240	175,787	1,732,208 ¹⁵	301,000	43,884	8,409	491,579	32,740	33,578 ¹⁵	67,530	28,099	1,373,426	32,987	59,804					
1950																					
February	478,177	40,829	20,179	13,907	148,283	17,246	3,308	527	40,471	2,846	2,510	2,595	2,490	167,212	5,060	10,450					
March	505,401	41,488	20,350	13,404	150,025	17,468	3,348	573	41,403	3,436	2,963	3,295	2,874	187,215	5,712	11,637					
April	446,076	41,992	20,462	14,195	147,235	17,647	3,384	588	40,555	2,862	3,028	2,852	2,459	138,968	3,938	5,822					
May	445,447	42,371	20,587	14,332	148,663	17,825	3,430	614	41,065	3,080	3,202	3,331	2,625	136,778	3,185	4,153					
June	423,350	42,712	20,712	14,447	145,908	17,969	3,470	624	41,026	3,016	2,922	3,169	2,387	119,430	2,526	2,848					
July	396,175	43,090	20,772	14,487	139,891	18,035	3,500	655	40,642	2,675	2,661	2,952	2,131	99,718	2,209	2,500					
August	390,504	43,406	20,843	14,861	141,510	18,175	3,530	691	41,207	2,704	2,907	3,062	3,038	89,681	1,988	2,697					
September	411,640	78,886	20,910	15,319	138,403	35,129	3,549	850	41,001	2,021	2,431	2,753	2,796	64,458	1,126	1,917					
October	412,821	82,940	20,963	15,399	141,532	35,413	3,575	809	40,873	1,927	3,013	2,900	3,060	57,533	629	2,102					
November	419,756	87,112	21,016	15,507	138,769	35,815	3,604	927	41,056	2,540	2,751	3,033	62,389	487	1,906	40					
December	429,377	90,603	21,060	15,554	139,188	36,254	3,625	953	41,486	2,894	2,496	2,675	2,979	66,960	464	2,145	32				
1951																					
January	461,639	94,007	21,113	15,825	130,445	36,875	3,647	997	41,642	4,779	2,846	2,974	3,401	90,475	533	3,037	23				
February	441,934	96,598	21,184	15,815	138,160	37,493	3,658	1,009	41,865	4,314	2,648	2,508	2,350	71,369	391	2,555	17				

¹ Not comparable with totals in issues of the *Bulletin* before April 1951 because of revisions in Civil Service Commission data (see footnote 3).

² Under the Social Security Act, retirement benefits—old-age (primary) benefits, wife's benefits, husband's benefits (first payable Sept. 1950), and benefits to children of old-age beneficiaries—partly estimated. Under the other 3 systems, benefits for age and disability.

³ Data for civil-service retirement and disability fund. Revised to exclude non-contributory payments made under the Panama Canal Construction Annuity Act to persons who worked on Canal construction from 1904 to 1914 or to their widows. Through June 1948, retirement and disability benefits include payments to survivors under joint and survivor elections; beginning July 1948, payments under survivor provisions shown as survivor benefits.

⁴ Mother's (widow's) current, widow's, widower's, widower's (first payable Sept. 1950), parent's, and child's benefits. Partly estimated.

⁵ Annuities to widows under joint and survivor elections; 12-month death-benefit annuities to widows and next of kin, and, beginning February 1947, widow's, widow's current, parent's, and child's benefits.

⁶ Payments to widows, parents, and children of deceased veterans.

⁷ Number of decedents on whose account lump-sum payments were made.

⁸ Payments under the Railroad Retirement Act and Federal civil-service and veterans' programs.

⁹ First payable in Rhode Island, April 1943; in California, December 1946; in

New Jersey, January 1949; in New York, July 1950 (data not available); and under the railroad program, July 1947. Excludes hospital benefits in California; also excludes private plans in California and New Jersey except for calendar-year totals.

¹⁰ Represents average weekly number of beneficiaries.

¹¹ Represents average number of beneficiaries in a 14-day registration period.

¹² Readjustment allowances to unemployed veterans; from 1 to 2 percent of number and amount shown represents allowances for illness and disability after establishment of unemployment rights. Number represents average weekly number of continued claims.

¹³ Claims paid under the Servicemen's Readjustment Act.

¹⁴ Payments: amounts certified, under the Social Security Act, the Railroad Retirement Act, and the Railroad Unemployment Insurance Act; disbursements for Veterans Administration programs except the readjustment allowance program; checks issued, under the State unemployment insurance and temporary disability laws and under the Servicemen's Readjustment Act; for civil-service programs, disbursements through June 1949 and authorizations beginning July 1949. Adjusted on annual basis except for Civil Service Commission data, which are adjusted monthly.

¹⁵ Preliminary.

Source: Based on reports of administrative agencies.

Table 2.—Contributions and taxes collected under selected social insurance and related programs, by specified period, 1948-51

[In thousands]

Period	Retirement, disability, and survivors insurance			Unemployment insurance		
	Federal insurance contributions ¹	Federal civil-service contributions ²	Taxes on carriers and their employees ³	State unemployment contributions ⁴	Federal unemployment taxes ⁴	Railroad unemployment insurance contributions ⁵
Fiscal year:						
1948-49	\$1,690,296	\$563,461	\$563,833	\$988,965	\$222,850	\$9,816
1949-50	2,106,388	662,262	550,172	1,094,406	226,306	18,855
8 months ended:						
February 1949	1,191,950	435,103	292,492	732,881	197,578	5,018
February 1950	1,294,447	537,472	292,799	763,787	197,154	8,122
February 1951	1,915,935	556,167	290,970	809,392	196,997	12,213
1950						
February	397,530	29,782	4,871	124,235	141,161	204
March	229,491	30,100	123,100	8,186	9,461	4,899
April	85,657	29,554	3,229	104,439	3,692	363
May	274,447	32,642	5,881	211,946	14,275	197
June	222,345	32,486	125,171	6,068	1,723	5,273
July	200,876	32,326	875	121,218	1,785	222
August	316,310	31,398	10,492	205,106	13,470	127
September	185,074	233,303	125,986	6,035	1,347	5,665
October	181,498	34,065	2,763	116,786	1,980	17
November	287,928	32,168	9,817	191,143	12,398	168
December	239,131	29,178	132,961	9,980	2,716	5,837
1951						
January	131,331	38,958	1,567	96,405	16,319	22
February	373,787	29,752	6,508	182,719	146,981	155

¹ Represents contributions of employees and employers in employment covered by old-age and survivors insurance.

² Represents employee and Government contributions to the civil-service retirement and disability fund (including Alaska Railroad, Canal Zone, and Office of the Comptroller of the Currency retirement and disability funds integrated since July 1949 with principal fund); Government contributions are made in 1 month for the entire fiscal year.

³ Represents deposits in State clearing accounts of contributions plus penalties and interest collected from employers and, in 2 States, contributions from employees; excludes contributions collected for deposit in State sickness insurance funds. Data reported by State agencies; corrected to Mar. 20, 1951.

⁴ Represents taxes paid by employers under the Federal Unemployment Tax Act.

⁵ Beginning 1947, also covers temporary disability insurance.

⁶ Represents contributions of \$28.3 million from employees, and contributions for fiscal year 1950-51 of \$305.0 million from the Federal Government.

Source: *Daily Statement of the U. S. Treasury*, unless otherwise noted.

Table 3.—Estimated payrolls in employment covered by selected programs in relation to civilian wages and salaries, by specified period, 1938-50¹

[Corrected to Mar. 28, 1951]

Period	Civilian wages and salaries ²	Payrolls ³ covered by—		
		Old-age and survivors insurance ⁴	State unemployment insurance ⁵	Railroad retirement and unemployment insurance ⁶
Amount (in millions)				
Calendar year:				
1938	\$42,442	\$28,931	\$26,113	\$2,028
1939	45,347	32,125	28,980	2,161
1940	48,996	35,560	32,352	2,273
1941	59,846	45,286	41,985	2,687
1942	75,557	57,950	54,548	3,382
1943	91,202	69,379	65,871	4,065
1944	96,286	73,060	68,896	4,567
1945	95,075	71,317	66,411	4,514
1946	103,265	79,003	73,145	4,866
1947	117,991	92,088	86,234	5,107
1948	130,387	101,892	95,731	5,331
1949	129,848	90,766	86,526	5,066
January-March	31,900	24,181	22,816	1,300
April-June	32,456	24,485	23,017	1,305
July-September	32,524	25,000	23,289	1,262
October-December	32,878	26,100	24,404	1,222
1950				
January-March	32,078	24,300	22,824	1,222
April-June	33,965	26,200	24,502	1,297
July-September	37,147	27,900	26,353	1,388
Percent of civilian wages and salaries				
Calendar year:				
1938	100.0	68.2	61.5	4.8
1939	100.0	70.8	63.9	4.8
1940	100.0	72.6	66.0	4.6
1941	100.0	75.7	70.2	4.5
1942	100.0	76.7	72.2	4.5
1943	100.0	76.1	72.2	4.5
1944	100.0	75.9	71.5	4.7
1945	100.0	75.0	69.9	4.7
1946	100.0	76.5	70.8	4.7
1947	100.0	78.0	73.1	4.3
1948	100.0	78.1	73.4	4.2
1949	100.0	76.8	72.0	3.9
1949				
January-March	100.0	75.6	71.3	4.1
April-June	100.0	75.4	70.9	4.0
July-September	100.0	76.9	71.6	4.0
October-December	100.0	79.4	74.2	3.7
1950				
January-March	100.0	75.8	71.2	3.8
April-June	100.0	77.1	72.1	3.8
July-September	100.0	75.1	70.9	3.7

¹ Continental United States, except as otherwise noted (see footnotes 2 and 7).

² Represents estimated wages and salaries, in cash and in kind, earned in specified period in continental United States and, in addition, pay of Federal civilian personnel in all other areas; includes employee contributions to social insurance and related programs. Quarterly data reflect prorating of year-end bonus payments.

³ Wages paid in specified period.

⁴ Taxable wages plus estimated nontaxable wages in excess of \$3,000 earned in employment covered by program.

⁵ Taxable wages plus nontaxable wages earned in employment covered by program; excludes earnings of railroad workers covered by State laws through June 1939.

⁶ Beginning 1947, includes temporary disability insurance.

⁷ Taxable wages plus nontaxable wages in excess of \$300 a month; includes a small amount of taxable wages for Alaska and Hawaii.

Source: Data on wages and salaries from the Office of Business Economics, Department of Commerce; data on payrolls for selected programs based on reports of administrative agencies.

Table 4.—Status of the old-age and survivors insurance trust fund, by specified period, 1937-51

[In thousands]

Period	Receipts		Expenditures		Assets			
	Appropriations ¹	Interest received	Benefit payments	Administrative expenses	Net total of U. S. Government securities acquired ²	Cash with disbursing officer at end of period	Credit of fund account at end of period	Total assets at end of period
Cumulative, January 1937-February 1951	\$17,059,440	\$1,659,938	\$4,250,280	\$433,409	\$13,610,349	\$195,303	\$229,947	\$14,035,689
Fiscal year:								
1948-49	1,693,575	230,194	607,036	53,465	1,293,501	66,870	12,409	11,309,940
1949-50	2,109,992	236,778	727,206	56,941	1,414,152	79,928	107,961	12,502,612
8 months ended:								
February 1949	1,195,201	111,896	388,530	34,791	618,981	72,338	362,360	10,930,459
February 1950	1,298,051	124,305	470,135	38,131	667,326	77,454	248,589	12,224,089
February 1951	1,919,629	142,650	874,724	44,487	965,326	195,303	229,947	14,035,689
1950								
February	307,530		61,990	4,584	130,000	77,454	248,589	12,224,089
March	229,491	10,871	63,612	4,585	249,918	84,825	163,466	12,396,205
April	85,657		64,045	4,637	130,000	83,831	51,435	12,413,181
May	274,447		64,701	4,730	58,000	82,073	200,210	12,618,197
June	222,345	121,603	64,774	4,758	308,908	79,928	167,861	12,882,612
July	200,876		64,785	4,519	210,000	88,284	81,074	13,024,181
August	316,310		63,998	6,212	67,000	148,162	200,296	13,270,281
September	185,074	10,871	67,158	5,657	162,918	152,843	155,828	13,306,411
October	181,498		120,928	5,136	130,000	174,825	59,279	13,448,844
November	201,622		127,517	5,361	35,000	184,203	173,644	13,607,588
December	230,131	16,714	136,917	5,240	80,908	188,401	202,217	13,721,266
1951								
January	131,331	115,074	141,717	7,086	107,700	204,080	96,438	13,818,807
February	373,787		151,700	5,265	82,000	105,303	230,947	14,035,689

¹ Beginning July 1940, equals taxes collected under the Federal Insurance Contributions Act; beginning with the fiscal year 1947, includes amounts appropriated to meet administrative and other costs of benefits payable to survivors of certain World War II veterans as provided under the Social Security Act Amendments of 1946.

² Includes accrued interest and repayments on account of accrued interest on bonds at time of purchase.

Source: *Daily Statement of the U. S. Treasury*.

Table 5.—Status of the unemployment trust fund, by specified period, 1936-51

[In thousands]

Period	Total assets at end of period	Net total of U. S. Government securities acquired ¹	Unexpended balance at end of period	State accounts				Railroad unemployment insurance account ²			
				Deposits	Interest credited	Withdrawals ³	Balance at end of period	Deposits	Interest credited	Benefit payments	Balance at end of period ⁴
Cumulative, January 1936-February 1951	\$7,800,319	\$7,778,220	\$22,090	\$14,536,104	\$1,258,707	\$8,758,580	\$7,030,231	\$804,073	\$127,311	\$433,037	\$764,066
Fiscal year:											
1948-49	8,182,417	-160,067	44,085	964,031	160,033	1,227,115	7,282,730	77	20,067	76,978	890,687
1949-50	7,437,896	-724,068	23,633	1,086,795	149,046	1,879,000	6,651,571	9,728	18,020	143,904	786,325
8 months ended:											
February 1949	8,469,436	141,967	29,071	720,962	80,340	629,280	7,537,824	44	10,164	39,862	931,612
February 1950	7,649,133	-543,034	53,835	762,758	76,788	1,277,517	6,844,750	3,288	9,452	109,346	804,574
February 1951	7,800,319	363,965	22,090	890,405	73,279	579,024	7,036,231	7,373	8,280	37,800	764,088
1950											
February	7,649,133	-21,000	53,835	169,535	132	163,245	6,844,759	122	16	12,088	804,374
March	7,453,045	-177,007	34,755	13,678	4,158	202,208	6,660,386	2,798	512	15,025	792,639
April	7,342,616	-110,000	34,325	31,449	591	134,775	6,557,652	360	70	8,125	784,964
May	7,476,118	137,000	30,828	280,437	117	141,000	6,697,206	119	14	6,184	778,912
June	7,437,896	-31,027	23,633	10,473	67,392	123,500	6,651,571	3,164	7,972	5,223	786,325
July	7,380,064	-63,000	28,801	35,113	42	89,020	6,597,705	206	5	4,179	782,359
August	7,578,176	210,000	16,913	287,556	84,275	6,800,966	76			5,245	777,190
September	7,530,538	-45,007	14,282	9,322	3,664	59,950	6,754,022	3,309	432	4,504	776,517
October	7,507,116	-28,000	18,860	37,516	188	56,650	6,735,076	10	22	4,508	772,041
November	7,704,302	198,000	18,046	256,760	55,120	6,936,716	101			4,555	767,586
December	7,663,410	-47,027	24,181	21,884	5,823	68,145	6,896,278	3,472	675	4,602	767,131
1951											
January	7,666,316		27,087	34,463	63,503	96,425	6,897,879	13	7,147	5,854	768,437
February	7,800,319	139,000	22,090	207,792		69,440	7,036,231	93		4,442	764,088

¹ Includes accrued interest and repayments on account of interest on bonds at time of purchase; minus figures represent primarily net total of securities redeemed.

² Includes transfers from State accounts to railroad unemployment insurance account amounting to \$107,161,000.

³ Beginning July 1947, includes temporary disability program.

⁴ Includes transfers to the account from railroad unemployment insurance ad-

ministration fund amounting to \$80,919,000 and transfers of \$12,338,000 out of the account to adjust funds available for administrative expenses on account of retroactive credits taken by contributors under the Railroad Unemployment Insurance Act Amendments of 1948.

⁵ Includes withdrawals of \$79,169,000 for disability insurance benefits.

Source: *Daily Statement of the U. S. Treasury*.

Table 6.—*Old-age and survivors insurance: Monthly benefits¹ in current-payment status² at the end of the month, by type of benefit and by month, February 1950–February 1951, and monthly benefits awarded by type of benefit, February 1951*

[Amounts in thousands; data corrected to March 20, 1951]

Item	Total		Old-age		Wife's or husband's		Child's		Widow's or widower's		Mother's		Parent's	
	Number	Amount	Number	Amount	Number	Amount	Number	Amount	Number	Amount	Number	Amount	Number	Amount
Monthly benefits in current-payment status at end of month:														
1950														
February	2,824,829	\$58,074.3	1,332,875	\$34,815.0	404,014	\$5,587.0	649,758	\$8,586.0	270,384	\$5,640.9	154,177	\$3,257.6	13,621	\$187.9
March	2,861,536	58,956.6	1,351,985	35,380.8	409,330	5,671.9	655,558	8,673.6	276,050	5,764.9	154,884	3,275.7	13,729	189.7
April	2,888,715	59,638.4	1,365,504	35,807.4	413,456	5,741.3	659,584	8,736.3	280,890	5,871.7	155,432	3,290.2	13,849	191.5
May	2,911,562	60,195.6	1,375,882	36,128.7	416,365	5,791.5	663,610	8,799.1	285,753	5,978.4	155,957	3,304.3	13,965	193.6
June	2,930,357	60,681.5	1,384,823	36,415.8	419,123	5,840.0	665,351	8,828.7	290,307	6,079.8	156,664	3,322.2	14,089	194.9
July	2,946,096	61,124.8	1,394,920	36,734.7	422,448	5,896.3	663,858	8,810.3	293,915	6,159.8	156,792	3,327.6	14,163	196.1
August ³	2,967,055	61,640.7	1,405,592	37,051.6	425,604	5,949.9	666,102	8,845.8	297,999	6,252.0	157,503	3,343.7	14,255	197.6
September	3,026,332	114,015.1	1,444,772	67,353.8	436,624	10,666.5	669,716	18,780.4	302,435	11,077.3	158,391	5,578.4	14,394	528.8
October	3,182,342	118,352.9	1,563,318	70,985.8	459,990	11,113.8	676,758	18,929.3	305,790	11,199.9	162,066	5,624.2	14,420	529.9
November	3,346,167	122,926.5	1,681,370	74,621.1	486,238	11,581.5	688,119	19,144.2	309,840	11,336.1	166,111	5,711.6	14,489	532.0
December	3,477,243	126,856.5	1,770,984	77,678.3	508,350	11,994.9	699,653	19,364.9	314,148	11,479.9	169,438	5,800.8	14,670	537.8
1951														
January	3,605,235	130,882.8	1,850,207	80,584.4	532,187	12,477.3	715,138	19,699.2	319,472	11,663.7	173,354	5,912.6	14,877	545.5
February	3,706,586	134,000.8	1,912,170	82,843.8	548,047	12,790.4	729,566	20,032.5	325,514	11,870.8	176,156	5,998.8	15,133	554.7
Monthly benefits awarded in February 1951	136,488	4,301.1	77,644	2,924.7	23,787	492.1	20,290	466.9	7,685	269.4	6,723	224.8	359	13.2

¹ Effective Sept. 1, 1950, under the Social Security Act Amendments of 1950: (1) husband's and widower's insurance benefits became payable; (2) the terms "primary insurance benefit" and "widow's current insurance benefit" were changed to "old-age insurance benefit" and "mother's insurance benefit," respectively.

² Benefit in current-payment status is subject to no deduction or only to deduction of fixed amount that is less than the current month's benefit.

³ Partly estimated.

PUBLIC ASSISTANCE CONCEPTS

(Continued from page 9)

policies and procedures, staff supervision, training institutes for staff, and relations with other divisions of the IRO and the voluntary societies. There were regular field trips and planned consultations; staff from the field came to headquarters to assist in the development and writing of new policies and procedures. It was not all clear sailing by any means. Some of the workers were under pressure from their governments to take a stand on this or that matter, regardless of the fact that welfare is a professional and not a political area. All, however, were interested in discussing and experimenting with headquarters-field relationships as developed in the United States and related them to their own homeland programs.

Conclusions

What, then, is the meaning of the phrase "international social work,"

as was asked at the beginning? It is, in a sense, meaningless, if it implies a kind of social work inherently different from that practiced within a single country. It does imply, of course, cooperation among nations, and an attempt to understand situations beyond one's own national borders. The phrase cannot mean less than that.

International social work in the IRO went through shifts of meaning that were undoubtedly inherent in the complex structure of the Organization and the varying experiences of its personnel. Sometimes it seemed to mean social work in which much must be given up, social work at the level of the least experienced and least advanced nation—a kind of diluted and haphazard social work accompanied by a feeling of frustration rather than one of accomplishment. Some workers took it for granted that "international social work" could be no more than this.

By others the phrase was interpreted as a beckoning one, indicating

an interesting, exciting, and enlarged field in which to practice the profession of social work.

Finally the phrase came to have for many a meaning simple, basic, universal. The situations of stranded, bereft, helpless, displaced persons of every age and every walk of life, some sick and some well, some alone and some with families, some easily able to earn a living and some not—all were problems that resolved themselves into the common problems of people in need of services and assistance. Basic analysis of a person's, or family's, needs and basic attempts to resolve his problems in accordance with his own wishes and way of life, insofar as the agency was able, remained the same. Man's need for security, independence, a friendly neighborhood, acceptance by his fellow human beings, and pleasure in living is the same whatever the cause of the distress and wherever he may be. The same principles, it was found, apply to the techniques of successful assistance whatever its setting.

Table 7.—Employment security: Selected data on nonfarm placements and unemployment insurance claims and benefits, by State, February 1951

[Corrected to March 23, 1951]

Region and State	Nonfarm placements	Initial claims ¹		Weeks of unemployment covered by continued claims		Compensated unemployment				Average weekly insured unemployment under all programs ⁴	
				All types of unemployment ²		Total unemployment					
		Total	Women	Total	Women	Weeks compensated	Benefits paid ³	Average weekly number of beneficiaries	Weeks compensated	Average weekly payment	
Total, 52 States	437,542	752,807	244,000	4,259,631	1,580,000	3,532,290	\$71,368,916	883,072	3,304,000	\$20.71	1,074,013
Region I:											
Connecticut	7,322	10,185	4,384	47,434	21,602	30,195	761,430	9,700	37,550	19.82	11,731
Maine	1,931	3,531	1,086	33,297	13,692	29,376	430,732	7,344	26,768	14.97	8,000
Massachusetts	16,462	26,675	9,795	168,535	57,850	150,606	3,417,064	37,652	139,556	23.56	41,339
New Hampshire	1,559	2,882	1,055	18,809	8,118	18,142	306,661	4,535	15,800	18.02	4,642
Rhode Island	2,776	0,755	5,504	36,626	17,011	32,936	608,966	8,234	31,585	21.74	9,265
Vermont	748	668	210	5,296	1,927	5,071	92,886	1,268	4,579	19.08	1,230
New York	57,049	132,493	(*)	708,083	(*)	612,534	13,822,777	133,134	596,365	22.57	172,114
Region II:											
Delaware	876	1,163	207	6,663	1,339	6,231	117,514	1,558	5,783	19.49	1,606
New Jersey	10,109	24,205	8,994	163,115	71,272	153,503	3,277,714	38,376	140,534	22.21	40,124
Pennsylvania	18,214	64,400	19,308	283,200	91,196	235,049	4,754,445	58,762	223,226	20.67	69,619
Region III:											
District of Columbia	3,381	2,166	522	15,363	5,162	11,956	214,589	2,980	11,813	17.97	3,796
Maryland	5,280	9,728	2,451	51,145	16,181	43,937	807,555	10,984	38,725	19.38	11,275
North Carolina	11,116	10,559	6,020	73,337	43,313	58,292	789,514	14,573	55,481	13.74	17,777
Virginia	5,925	5,491	2,230	32,065	12,863	27,548	417,860	6,887	26,083	15.48	8,035
West Virginia	2,083	8,482	1,225	55,428	11,336	47,734	705,263	11,934	42,635	16.28	13,822
Region IV:											
Kentucky	2,115	9,676	1,916	63,556	14,282	55,056	906,616	13,764	63,378	16.55	15,968
Michigan	12,671	43,579	8,430	176,377	59,158	145,035	3,421,150	36,259	133,564	24.05	40,080
Ohio	23,443	36,733	9,721	164,253	57,640	125,208	2,688,315	31,317	115,960	22.10	40,053
Region V:											
Illinois	15,863	47,959	12,305	279,953	94,466	233,398	4,951,516	58,350	194,064	23.12	68,228
Indiana	7,818	12,836	3,509	59,286	20,370	48,497	836,499	12,124	45,590	17.74	14,519
Minnesota	7,166	10,169	2,076	90,064	24,045	68,159	1,185,542	17,040	64,035	17.77	21,540
Wisconsin	7,958	17,766	5,147	58,642	17,904	40,573	877,578	10,143	37,759	21.98	14,236
Region VI:											
Alabama	10,255	8,737	1,655	56,694	14,892	46,110	696,791	11,528	44,139	15.43	14,488
Florida	18,247	6,242	1,958	35,431	15,102	17,439	234,119	4,360	16,510	13.68	7,885
Georgia	10,827	7,443	3,379	56,075	31,940	39,198	584,430	9,800	37,516	15.07	11,618
Mississippi	6,523	6,544	1,197	43,519	9,213	33,521	471,547	8,380	30,616	14.52	10,823
South Carolina	7,428	5,914	2,155	38,355	16,723	29,600	495,153	7,400	28,023	17.13	8,305
Tennessee	7,897	11,273	3,461	109,970	43,860	73,147	1,048,132	18,287	70,129	14.52	25,120
Region VII:											
Iowa	5,691	4,085	1,316	29,992	9,534	25,098	456,940	6,274	22,657	18.94	7,415
Kansas	6,275	6,852	984	28,239	6,375	25,010	505,269	6,252	22,869	20.84	7,007
Missouri	9,692	20,086	5,490	97,263	35,603	80,019	1,107,154	17,005	62,566	16.99	24,344
Nebraska	4,033	2,432	548	19,601	4,006	17,213	310,469	4,303	(*)	(*)	4,334
North Dakota	988	1,332	218	12,732	1,852	11,782	239,728	2,946	10,951	20.69	3,113
South Dakota	706	911	185	9,613	1,648	8,530	152,485	2,130	8,059	18.23	2,422
Region VIII:											
Arkansas	7,274	9,297	1,165	51,332	11,286	25,143	551,972	8,786	32,910	16.24	12,798
Louisiana	6,503	15,053	2,440	89,508	18,709	65,273	1,313,487	16,318	60,616	20.69	22,579
New Mexico	4,314	1,631	252	8,997	1,714	7,571	131,037	1,893	7,317	17.51	2,380
Oklahoma	10,523	8,062	1,043	50,206	14,088	33,814	608,057	8,454	32,104	18.82	12,837
Texas	39,814	10,242	2,688	59,997	18,823	40,004	639,289	10,001	38,080	16.30	14,081
Region IX:											
Colorado	3,678	2,999	621	12,569	3,405	9,662	190,107	2,416	9,116	20.06	3,184
Idaho	1,971	2,526	467	24,875	4,154	20,153	381,189	5,038	19,371	19.14	5,975
Montana	1,434	3,320	714	31,168	7,419	25,016	450,849	5,254	25,018	18.02	7,413
Utah	1,997	2,637	658	19,455	6,830	18,712	366,505	5,928	14,517	4,687	1,942
Wyoming	588	1,516	277	8,012	1,602	7,393	180,964	1,848	6,806	25.07	1,942
Region X:											
Arizona	3,257	2,697	676	12,785	4,134	7,001	145,356	1,750	6,641	21.07	3,203
California	33,276	88,669	35,836	528,516	251,776	470,694	10,193,493	117,674	433,931	22.36	131,270
Nevada	1,448	1,410	363	8,304	3,287	8,024	187,974	2,006	7,541	23.90	1,994
Oregon	4,038	11,484	2,395	83,590	21,375	75,613	1,549,949	18,903	71,967	20.92	20,072
Washington	4,993	15,706	3,107	120,497	33,969	108,852	2,186,853	27,213	104,026	20.37	28,977
Territories:											
Alaska	584	995	236	6,620	1,335	10,512	206,516	2,628	10,070	25.71	(*)
Hawaii	851	1,701	503	11,091	3,156	9,101	150,916	2,273	7,164	19.03	(*)
Puerto Rico	450										

¹ Excludes transitional claims.

² Total, part-total, and partial.

³ Not adjusted for voided benefit checks and transfers under interstate combined-wage plan.

⁴ Unemployment represented by weeks of unemployment claimed under the State and railroad unemployment insurance programs and the veterans' unemployment allowance program. Includes partial and part-total unemployment. State distribution excludes railroad unemployment insurance claims.

¹ Includes estimate for New York.

² Includes estimate for Nebraska.

³ Data not received.

⁴ Data not available.

Source: Department of Labor, Bureau of Employment Security, and affiliated State agencies.

Table 8.—*Public assistance in the United States, by month, February 1950–February 1951*¹
 [Exclusive of vendor payments for medical care and cases receiving only such payments]

Year and month	Total	Old-age assistance	Aid to dependent children		Aid to the blind	Aid to the permanently and totally disabled ²	General assistance	Total	Old-age assistance	Aid to dependent children (families)	Aid to the blind	Aid to the permanently and totally disabled ³	General assistance											
			Families	Recipients																				
			Total ⁴	Children																				
Number of recipients																								
Percentage change from previous month																								
1950																								
February	2,761,507	621,977	1,580,648	93,627				626,000		+0.5	+1.9	+0.6												
March	2,760,379	634,676	1,612,478	94,062				632,000		(*)	+2.0	+0.5	+4.1											
April	2,768,093	641,875	1,628,882	94,453				605,000		+3	+1.1	+4.4	-7.1											
May	2,781,696	650,910	1,651,216	94,958				568,000		+5	+1.4	+5	-6.2											
June	2,790,068	664,217	1,650,766	95,418				525,000		+3	+5	+5	-7.6											
July	2,796,769	653,491	1,657,706	95,857				499,000		+2	-1	+5	-4.9											
August	2,805,011	655,583	1,663,489	96,255				485,000		+3	+3	+4	-2.8											
September	2,809,537	653,603	1,661,004	96,619				469,000		+2	-3	+4	-3.2											
October	2,781,617	643,454	2,205,468	1,637,858	96,642	68,676	391,000		-1.0	-1.6	(*)	-16.7	-1.5											
November	2,776,670	638,115	2,188,866	1,624,545	96,941	71,889	385,000		-2	-8	+3	+4.7												
December	2,769,229	639,652	2,195,312	1,632,236	96,910	79,805	396,000		-3	+2	(*)	+11.0	+2.7											
1951																								
January	2,766,678	641,374	2,203,638	1,639,019	95,504	70,745	419,000		-1	+3	-1.5	-11.4	+6.0											
February	2,760,119	640,378	2,201,156	1,637,182	95,492	74,687	415,000		-2	(*)	+5.6	-1.0												
Amount of assistance																								
Percentage change from previous month																								
1950																								
February	\$203,130,655	\$122,334,420	\$45,635,290	\$4,318,936				\$30,842,000		+1.0	-0.4	+2.0	+0.4											
March	205,308,492	121,284,952	46,514,197	4,345,343				33,159,000		+1.1	-0.9	+1.9	+0.6											
April	201,107,272	120,930,268	46,362,127	4,318,877				29,496,000		-2.0	-3	-3	-5.6											
May	199,220,835	122,474,273	45,946,514	4,364,048				26,436,000		-9	+1.3	-9	+1.0											
June	196,950,648	122,350,629	46,034,991	4,394,028				24,171,000		-1.1	-1	+2	+7											
July	194,692,114	121,785,828	45,843,007	4,390,270				22,673,000		-1.1	-5	-4	-8.6											
August	195,100,237	122,687,714	45,956,225	4,412,208				22,044,000		+2	+7	+2	+5											
September	194,366,185	123,028,606	46,021,238	4,435,341				21,081,000		-3	+3	+1	+5											
October	191,900,114	120,904,186	45,722,103	4,458,814	\$2,983,011	17,832,000		-1.3	-1.7	-6	+5	-5	-15.4											
November	192,452,695	120,846,876	46,133,356	4,468,654	3,278,800	17,725,000		+2	-1	+9	+2	+9.9	-6											
December	193,100,252	119,942,300	46,442,534	4,476,645	3,825,683	18,422,000		+3	-7	+7	+2	+16.7	+3.9											
1951																								
January	194,688,249	119,966,838	47,239,307	4,434,374	3,170,640	19,877,000	+8	(*)	+1.7	-9	-17.1	+7.6												
February	194,163,271	118,994,560	47,750,754	4,449,900	3,391,057	19,568,000	-3	(*)	+1.1	+4	+7.0	-1.6												

¹ For definition of terms see the *Bulletin*, January 1951, p. 21. Excludes programs administered without Federal participation in States administering such programs concurrently with programs under the Social Security Act, and Puerto Rico and the Virgin Islands, for which data are not available for February 1951. All data subject to revision.

² Beginning October 1950, includes as recipients the children and 1 parent or other adult relative in families in which the requirements of at least 1 such adult were considered in determining the amount of assistance.

³ Program initiated in October 1950 under Public Law 734.

⁴ Decrease of less than 0.05 percent.

⁵ Increase of less than 0.05 percent.

RECENT PUBLICATIONS (Continued from page 26)

Based on information from 261 companies employing about 2 million persons.

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U. S. CONGRESS. HOUSE. COMMITTEE ON WAYS AND MEANS. SUBCOMMITTEE ON UNEMPLOYMENT INSURANCE. *Unemployment Insurance Hearings on H. R. 8059, 81st Congress, 2d Session*. Washington: U. S. Govt. Print. Off., 1951. 181 pp.

U. S. DEPARTMENT OF LABOR. BUREAU OF LABOR STANDARDS. *They Work While You Play: A Study of Teen-Age Boys and Girls Employed in Amuse-*

ment Industries. (Bulletin No. 124.) Washington: U. S. Govt. Print. Off., 1950. 26 pp. 15 cents.

Reviews the employment of minors, giving the number and sex of the workers and their occupations and conditions of work, and discusses State child labor standards in amusement industries.

U. S. DEPARTMENT OF LABOR. WOMEN'S BUREAU. *1950 Handbook of Facts on Women Workers.* (Bulletin No. 237.) Washington: U. S. Govt. Print. Off., 1950. 106 pp. 30 cents.

Public Welfare and Relief

TOWLE, CHARLOTTE. "Reinforcing Family Security Today." *Social Casework*, New York, Vol. 32, Feb. 1951, pp. 57-61. 40 cents.

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WAXTER, THOMAS J. S. "Aid to Dependent Children and the Public."

Public Welfare, Chicago, Vol. 9, Feb. 1951, pp. 44-47. 50 cents.

The Director of the Department of Public Welfare in Baltimore, Md., tells how the program is administered in the Department.

Maternal and Child Welfare

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A report on the Conference.

DYBWAD, GUNNAR. "Child Care in Germany." *The Survey*, New York, Vol. 87, Mar. 1951, pp. 110-114. 50 cents.

"The Protection of Working Mothers in Italy." *Industry and Labour*, Geneva, Vol. 5, Mar. 1, 1951, pp. 191-194. 25 cents.

Health and Medical Care

CIVIC, MIRIAM. "Trends in State Disability Benefits." *Conference Board*

Social Security

Table 9.—Amount of vendor payments for medical care for recipients of public assistance, by program and State, December 1950¹

State ²	Old-age assistance	Aid to dependent children	Aid to the blind	Aid to the permanently and totally disabled	General assistance
Conn.	\$198,950	\$76,888	\$2,930	(*)	(*)
Del.	354,645	27,325	8,463	\$387,012	(*)
Ill.	270,683	57,851	6,242	(*)	155,073
Ind.	88,432	25,716	1,359	\$13,438	45,347
Kans.				(*)	36,632
Maine				(*)	67,524
Mich.				(*)	108,450
Minn.	319,855	22,803	971	(*)	(*)
Mont.					(*)
Nebr.	119,212	8,662	140	(*)	(*)
Nev.				(*)	1,898
N. H.	34,645	17,460	1,550	(*)	(*)
N. J.		13,006	(*)		98,113
N. Y.	675,567	317,058	26,433	78,088	(*)
N. Dak.	12,864	2,526	(*)		18,009
Ohio	49,023	8,833	4,822		568,062
Oreg.					142,019
R. I.				(*)	30,502
S. Dak.				(*)	63,403
Va.					3,070
Wis.	335,974	77,394	6,820	4,431	96,327

¹ For December data excluding vendor payments for medical care, see the *Bulletin*, March 1951.

² Excludes States that either made no vendor payments for medical care for December or did not report such payments.

³ No payments under program for aid to the permanently and totally disabled in December.

⁴ Data not available.

Table 10.—Average payments including vendor payments for medical care and average amount of vendor payments per assistance case, by program and State, December 1950¹

State ²	Old-age assistance	Aid to dependent children (per family)	Aid to the blind	Aid to the permanently and totally disabled	General assistance					
					All assistance	Vendor payments for medical care	All assistance	Vendor payments for medical care	All assistance	Vendor payments for medical care
Conn.	\$80.17	\$10.00	\$121.59	\$14.00	\$72.95	\$10.00	(*)	(*)	(*)	(*)
Del.			71.03	56	(*)	(*)	(*)	(*)	(*)	(*)
Ill.	46.15	2.92	97.23	1.16	49.36	1.97	(*)	(*)	\$87.45	\$9.55
Ind.	40.38	5.20	60.74	5.14	41.29	3.33	(*)	(*)	\$30.55	\$14.13
Kans.	51.21	2.24	84.88	52.55	2.04	\$50.01	\$4.90	48.29	14.50	
Mich.					(*)	(*)	(*)	(*)	42.84	2.52
Minn.	51.10	5.73	92.86	2.92	58.34	.86	(*)	(*)	(*)	(*)
Nebr.	48.23	5.00	84.09	2.44	58.42	.20	(*)	(*)	(*)	(*)
Nev.					(*)	(*)	(*)	(*)	18.72	3.08
N. H.	50.65	4.64	110.16	10.40	54.82	4.87	(*)	(*)	(*)	(*)
N. J.			93.31	2.43	(*)	(*)	\$59.18	\$9.71		
N. Y.	58.44	5.69	109.66	5.65	66.32	6.53	60.60	3.11	(*)	(*)
N. Dak.	50.62	4.41	102.95	1.37	(*)	(*)	(*)	(*)	61.08	20.94
Ohio	46.26	.40	77.09	.61	46.73	1.24	(*)	(*)	(*)	(*)
Oreg.									57.78	18.01
R. I.							(*)	(*)	60.71	5.49
Va.									23.67	.88
Wis.	48.86	6.39	107.18	8.00	52.74	4.80	68.35	5.80	58.56	13.95

¹ For December data excluding vendor payments for medical care, see the *Bulletin*, March 1951. All averages based on cases receiving money payments, vendor payments for medical care, or both.

² Excludes States that made no vendor payments for medical care for December or did not report such payments. Also excludes States for which count of cases is believed to be incomplete.

³ No payments under program for aid to the permanently and totally disabled.

⁴ Data on vendor payments for medical care not available.

⁵ Based on figures that include cases receiving burial only and total payments for these services.

⁶ Not computed because count of cases believed to be incomplete.

⁷ Based on figures that include cases receiving burial only.

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EVANG, KARL. "Health and Welfare of Seafarers: An International Problem." *International Labour Review*, Geneva, Vol. 63, Jan. 1951, pp. 1-23. 50 cents.

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FEDERAL SECURITY AGENCY. PUBLIC HEALTH SERVICE. *Planning for Health Services: A Guide for States and Communities*. (Public

Health Bulletin No. 304.) Washington: U. S. Govt. Print. Off., 1950. 69 pp.

"Frequency of Sickness Among Railroad Employees, 1940-50." *Monthly Review* (Railroad Retirement Board), Chicago, Vol. 12, Mar. 1951, pp. 47-50 f.

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LAWSON, MABEL O. "Nurses and the British National Health Service." *American Journal of Nursing*, New York, Vol. 51, Jan. 1951, pp. 31-34. 50 cents.

O'GRADY, JOHN. "Cash Sickness Payments and Their Implications." *American Economic Security* (Chamber of Commerce of the U. S. A.), Washington, Vol. 8, Jan.-Feb. 1951, pp. 32-37. 25 cents.

O'REILLY, D. ELLIOTT. "Conquering the Problems of Chronic Illness." *The Crippled Child*, Chicago, Vol. 30, Feb. 1951, pp. 8-10 f. 35 cents. Tells what can be done to rehabilitate the chronically disabled.

RESEARCH INSTITUTE OF AMERICA. *Employers' New Requirements: Sick Pay...Health Benefits...Life Insurance*. (Analysis 72.) New York: The Institute, 1950. 47 pp. Analyzes employee welfare programs and considers the problem of supplying disability benefits during periods of nonoccupational illness and accident. Includes a discussion of New York State's new compulsory disability insurance law.

ST. CLAIR, ASHLEY. "Medico-legal and Social Problems in Permanent Disability Cases." *Industrial Medicine and Surgery*, Chicago, Vol. 20, Mar. 1951, pp. 109-112. 75 cents.

SCHEELE, LEONARD A. "Cooperation Between Health and Welfare Agen-

(Continued on page 35)

Table 11.—Old-age assistance: Recipients and payments to recipients, by State, February 1951¹
[Exclusive of vendor payments for medical care and cases receiving only such payments]

State	Number of recipients	Payments to recipients		Percentage change from—			
		Total amount	Average	January 1951 in—		February 1950 in—	
				Number	Amount	Number	Amount
Total ²	2,700,119	\$118,994,560	\$43.11	-0.2	-0.8	-0.1	-2.7
Ala.	81,400	1,673,132	20.55	-2	+2	+3.6	+3.8
Alaska	1,504	84,054	52.73	-5	-1.2	+2.5	-8.7
Ariz.	14,575	757,504	51.98	+2	-1	+14.0	+12.2
Ark.	68,904	1,781,900	25.86	-1	-2	+10.9	+13.1
Calif.	273,964	18,498,781	67.52	+5	+2	-1.4	-5.9
Colo. ³	51,818	3,474,050	67.04	+1	-17.4	+8.8	+5.8
Conn.	19,983	1,198,978	60.00	+4	+1	+5.6	+7.5
Dal.	1,500	45,679	28.67	-5	-9	-4.2	-3.9
D. C.	2,842	127,488	44.86	+2	+8	+1.7	+7.1
Fla.	68,422	2,702,308	38.93	+1	-3	+2.5	-1.4
Ga.	102,042	2,437,359	23.89	(*)	+2	-4.2	+8.1
Hawaii	2,292	76,789	33.50	-1.0	-3	-4.0	-1.1
Idaho	11,450	532,645	46.52	(*)	-5	+8	-4
Ill.	118,420	5,202,017	43.03	-6	-2	-7.6	+3
Ind.	50,626	1,795,871	35.47	-6	-7	-2.2	-3.3
Iowa	49,070	2,422,568	49.37	-3	-1	-4	+3
Kans.	39,019	1,912,463	49.01	-4	-3	+5	-2.2
Ky.	67,270	1,383,600	20.57	-3	+5	+9.5	+6.5
La.	118,501	5,536,834	46.69	+3	+4	-2.8	-3.9
Maine	15,307	656,797	42.91	(*)	+2	+4.3	+3.3
Md.	11,672	437,314	37.47	-1.0	+3	-2.0	-6
Mass.	102,072	6,317,698	61.89	(*)	+7	+2.4	-4.0
Mich.	97,357	4,461,027	45.82	-4	-3	-2.2	-4.2
Minn.	55,337	2,380,681	48.02	-3	-4.9	-9	-13.6
Miss.	60,897	1,119,987	18.39	-1.0	-1.2	-2.1	-5.3
Mo.	132,318	5,723,347	43.25	-2	-2	+2.2	+1.9
Mont.	11,807	635,069	53.79	+3	+1.7	+1.0	+3.0
Nebr.	23,034	906,865	43.36	-4	-3	-3.7	-4.7
Nev.	2,728	141,863	51.94	-3	-4	+6.4	+2.3
N. H.	7,414	340,544	45.03	-4	-6	+5	+5.2
N. J.	23,760	1,138,934	47.93	-7	-5	-2.2	-4.9
N. Mex.	10,470	401,926	38.39	+6	+2.5	+4.2	+11.7
N. Y.	116,843	6,364,810	54.47	-3	-1	-3.0	-2
N. C.	61,490	1,363,988	22.18	-2	-3	+4.7	+6.8
N. Dak.	9,070	457,134	50.40	-3	+1.0	+1.5	+7.0
Ohio.	121,618	5,430,016	44.65	-6	-8	-4.3	-8.1
Okl.	99,351	4,487,510	45.17	-2	-3	-1.8	-14.8
Oreg.	23,544	1,219,307	51.80	-3	-6	+5	-1.7
Pa.	82,994	3,211,688	28.70	-1.2	-7	-11.2	-14.2
R. I.	9,956	448,281	45.03	-1.0	-5	-2.8	-5.3
S. C.	42,118	1,045,696	24.83	-4	-3	+4.5	+10.7
S. Dak.	12,223	485,608	39.73	(*)	+9	+1	+2.1
Tenn.	66,080	1,977,277	29.92	-4	-9	+4.8	+1.0
Tex.	224,045	7,331,476	42.72	-2	-3	+1.4	-2.8
Utah	9,891	451,335	45.63	-3	-4	-2.7	-1.0
Vt.	6,965	250,353	35.94	(*)	+3	+2.3	+4.8
Va.	19,686	427,672	21.72	-3	+1	+2.9	+5.2
Wash.	71,863	4,474,027	62.26	-1.7	-6	-4	-2.7
W. Va.	26,640	703,024	20.39	-6	-1.0	+3	-2.7
Wis.	52,306	2,210,586	42.43	-3	(*)	+3	-6
Wyo.	4,388	247,589	56.42	+1.0	+4	+2.8	+5.3
P. R. ⁴	16,925	126,778	7.40	+8.3	+3.2

¹ For definition of terms see the *Bulletin*, January 1951, p. 21. All data subject to revision.

² Includes 4,075 recipients under 65 years of age in Colorado and payments to these recipients. Such payments are made without Federal participation. Excludes Puerto Rico and the Virgin Islands, for which February data are not available.

³ Decrease of less than 0.05 percent.

⁴ Increase of less than 0.05 percent.

⁵ Represents data for January 1951.

Table 12.—Aid to the blind: Recipients and payments to recipients, by State, February 1951¹

[Exclusive of vendor payments for medical care and cases receiving only such payments]

State	Number of recipients	Payments to recipients		Percentage change from—			
		Total amount	Average	January 1951 in—		February 1950 in—	
				Number	Amount	Number	Amount
Total ²	95,492	\$4,449,900	\$46.00	(*)	+0.4	+2.0	+3.0
Total, 47 States ³	77,220	3,722,870	48.21	(*)	+4	+2.6	+3.8
Ala.	1,550	34,319	22.01	+0.5	+1.1	+11.0	+7.7
Ariz.	896	52,547	58.65	-1.1	-0.5	+9.5	+4.2
Ark.	2,043	63,262	30.97	-3	-1	+0.9	+13.8
Calif. ²	11,081	908,429	81.08	+8	+8	+10.7	+6.9
Colo.	372	22,046	59.26	-3	-3	-3.9	+1.0
Conn.	296	18,492	62.47	+7	(*)	+20.0	+34.4
Del.	199	8,858	44.51	+1.5	+1.1	+9.9	+19.6
D. C.	258	12,496	48.43	-1.1	-1.6	-4.4	+4.5
Fla.	3,319	141,008	42.67	(*)	-2	+2.6	+2.0
Ge.	2,838	81,164	28.60	+4	+9	+6.4	+13.8
Hawaii	113	4,282	37.89	+3.7	+2.4	+3.7	+7.4
Idaho	208	11,080	53.27	-1.0	-5	-3.3	+1.1
Ill.	4,247	202,900	47.80	-2	+2	-5.6	(*)
Ind.	1,838	70,966	38.61	-2	+1.1	+4.1	+11.0
Iowa	1,253	67,074	57.52	-2	+1.1	-1.2	-6
Kans.	665	33,953	51.06	+2	+1.1	-12.3	-14.9
Ky.	2,463	54,403	22.09	+3	+8	+13.6	+11.9
La.	1,870	81,960	43.83	+5.5	+1.5	+4.7	+7.0
Maine	660	20,933	45.35	-1.0	-1.0	-5	+2.7
Md.	484	20,080	41.50	-2	+1.1	+8	+2.5
Mass.	1,530	104,715	68.44	+3	+7	+3.8	+8.7
Mich.	1,855	95,386	51.42	-1	-1	+9	+2.6
Minn.	1,138	63,456	55.76	+7	-1.2	+4.2	+1.0
Miss.	2,801	65,791	23.49	-4	-8	+4.7	-6.9
Mo.	2,799	111,900	40.00	-2	-2	-6	-6
Mont.	530	31,718	59.85	+4	+2.2	+1.1	+6.4
Nebr.	732	41,965	57.33	-2	(*)	+11.8	+18.2
Nev.	33	1,878	(*)	(*)	(*)	(*)	(*)
N. H.	320	16,099	50.31	+6	+6	-1.2	+4.7
N. J.	777	42,115	54.20	-4	-4	+6.1	+7.3
N. Mex.	522	19,220	36.82	+4	+3.2	+9.4	+13.4
N. Y.	4,015	249,232	62.08	-3	+8	+1.7	+7.2
N. C.	4,335	148,279	34.21	+7	+1.0	+10.5	+13.7
N. Dak.	109	6,175	56.65	0	-2.1	-5.2	+2.2
Ohio	3,888	176,180	45.32	-1	-5.5	+2.0	+2.8
Okl.	2,664	127,175	47.74	-1.0	-6	-2.7	-12.4
Oreg.	395	25,151	63.67	+3.1	+3.8	+2.1	+10.9
Pa.	15,440	613,192	39.71	(*)	(*)	-5	-8
R. I.	188	10,286	54.71	+2.7	+1.8	+14.6	+19.0
S. C.	1,576	42,654	27.06	-3	+1	+6.5	-4.3
S. Dak.	220	8,222	37.37	-9	+2	+2.3	+6.9
Tenn.	2,705	102,346	37.84	+3	+2	+8.5	+9.3
Tex.	4,917	187,345	38.10	-1.8	+7	-22.0	-22.7
Utah	205	10,107	49.60	0	-7	-1.9	-1.0
Vt.	185	7,318	39.56	-5	+8	-1.6	+6
Va.	1,529	45,532	29.78	+3	+2	+2.4	+5.2
Wash.	846	64,482	76.16	-1.2	+2	+6.8	+6.8
W. Va.	1,079	33,639	31.18	+1	+6	+8.1	+8.7
Wis.	1,386	67,140	48.44	+1	+1.5	-1	+4.3
Wyo.	111	6,167	55.56	+1.8	+1.7	(*)	(*)
P. R. ⁴	509	3,817	7.50	+2.6	+2.6

¹ For definition of terms see the *Bulletin*, January 1951, p. 21. Figures in italics represent programs administered without Federal participation. Data exclude program in Connecticut administered without Federal participation concurrently with program under the Social Security Act. Alaska does not administer aid to the blind.

² Includes 645 recipients of aid to the partially self-supporting blind in California and 17 in Washington and payments to these recipients. Such payments are made without Federal participation.

³ Decrease of less than 0.05 percent.

⁴ States with plans approved by the Social Security Administration. Includes recipients of and payments for aid to the partially self-supporting blind in California and Washington.

⁵ Increase of less than 0.05 percent.

⁶ Excludes cost of medical care, for which payments are made to recipients quarterly.

⁷ Represents statutory monthly pension of \$40 per recipient; excludes payment for other than a month.

⁸ Average payment not computed on base of less than 50 recipients; percentage change, on less than 100 recipients.

⁹ Represents data for January 1951; not included in totals.

Table 13.—*Aid to dependent children: Recipients and payments to recipients, by State, February 1951.*¹
 [Exclusive of vendor payments for medical care and cases receiving only such payments]

State	Number of families	Number of recipients		Payments to recipients			Percentage change from—			
		Total ²	Children	Total amount	Average per—		Number of families	January 1951 in—	February 1950 in—	
					Family	Recipient				
Total	640,378	3,201,156	1,637,182	\$47,750,754	\$74.58	\$21.70	-0.2	+1.1	+3.0	+4.7
Total, 50 States ⁴	640,351	3,201,062	1,637,115	47,758,780	74.58	\$21.70	-0.2	+1.1	+3.0	+4.7
Alabama	18,861	86,079	52,310	633,058	33.56	\$9.58	+2	+9	+15.9	+17.0
Alaska	647	2,083	1,515	44,548	69.32	21.48	+1.6	(0)	+10.6	+41.3
Arizona	4,257	16,085	12,057	385,666	90.60	23.98	0	-1	+12.7	+18.7
Arkansas	18,595	63,107	48,354	775,659	41.71	12.29	+1	+1	+26.5	+27.8
California	56,730	175,210	130,279	147,505	108.36	25.09	+6	+1.2	+42.3	+35.8
Colorado	5,595	20,441	15,343	515,030	92.05	25.20	+1.2	+1.6	+7	+5.0
Connecticut	5,599	18,260	13,142	598,354	106.87	32.77	+7	-1	+22.7	+24.0
Delaware	688	2,048	2,019	49,553	72.02	18.71	-7	+4	+10.3	+11.0
District of Columbia	2,152	8,576	6,559	196,710	91.41	22.94	-6	(0)	+7.2	+20.4
Florida	25,934	94,340	70,477	443,562	49.39	15.30	+6	+5	+12.2	+11.7
Georgia	17,974	50,284	45,672	834,704	40.44	14.08	+1.0	+2.0	+32.5	+37.1
Hawaii	3,602	14,031	10,773	328,108	88.87	23.36	-2.0	-2.1	+4.9	+6.6
Idaho	2,516	8,656	6,346	263,904	104.89	30.49	-4	+5	+6	+7.5
Illinois	23,616	82,733	61,161	2,312,201	97.91	27.95	-1	+1.6	-8.1	+1.3
Indiana	11,030	36,162	26,640	724,012	65.64	20.02	-5	-6	+7	+1.0
Iowa	5,185	18,144	13,504	506,668	79.72	27.92	+2	+22.7	+4.1	+32.7
Kansas	5,166	18,013	13,502	421,603	81.61	23.41	-7	-2	-9.1	-12.3
Kentucky	23,958	83,741	61,469	802,516	73.25	10.66	+1	+1.3	+25.2	+18.5
Louisiana	26,547	94,708	69,805	1,320,282	49.73	13.94	-2.1	-1.9	-11.6	-25.4
Maine	4,482	15,892	11,468	333,566	74.42	20.99	+1.8	+2.1	+29.0	+40.8
Maryland	6,338	24,398	18,550	501,160	79.07	20.54	-9	+2.2	+2.0	-1.4
Massachusetts	13,430	44,405	32,525	1,487,880	110.71	33.51	+1	+8	+2.6	-8
Michigan	25,688	83,154	50,129	2,273,417	88.50	27.34	+5	+5	-6.4	-6.4
Minnesota	7,917	26,729	20,155	717,618	90.64	26.85	+5	+7	+1.0	+7
Mississippi	10,786	40,290	30,798	199,712	18.52	4.96	-1.1	-4	+5.9	-26.9
Missouri	24,819	83,905	61,480	1,202,275	52.07	15.40	-7	-4	-8.0	-4.2
Montana	2,450	8,424	6,235	210,670	85.99	25.01	+1.4	+4.0	-1.6	+1.5
Nebraska	3,521	11,354	8,412	286,456	81.92	25.41	-2	-1	-3.0	-4.7
Nevada	47	94	67	974	(0)	(0)	(0)	(0)	(0)	(0)
New Hampshire	1,675	5,722	4,176	177,750	106.12	31.06	+1.1	(0)	+5.5	+34.3
New Jersey	8,291	17,900	13,410	490,956	92.70	27.43	-3	+1	-2.1	+5.6
New Mexico	5,472	18,880	14,274	326,284	59.65	17.26	+5	+1.0	+5.5	+20.6
New York	55,394	184,267	131,130	6,040,696	109.05	32.78	-7	+1.2	-5.2	+4
North Carolina	16,175	58,954	45,205	721,362	44.60	12.24	+5	+1.5	+14.6	+18.3
North Dakota	1,836	6,614	4,996	192,359	104.77	29.08	+1.4	+3.1	-2	+3
Ohio	14,809	83,919	40,327	1,157,352	78.15	21.46	+1.0	+1.9	+8.9	+32.9
Oklahoma	21,688	72,656	55,369	1,580,572	70.57	21.07	+9	+7	-0.0	+24.0
Oregon	4,015	13,285	9,943	407,430	101.48	30.67	+2.5	+2.3	+10.9	+7.5
Pennsylvania	44,545	156,500	116,789	3,906,240	80.71	25.21	-2.2	-9	-21.4	-25.6
Rhode Island	3,486	11,676	8,407	300,732	88.55	26.53	-1.5	-7	-6.9	-6.8
South Carolina	6,730	26,158	19,409	231,884	34.46	9.22	-5	-4	-20.1	-25.0
South Dakota	2,565	8,269	6,207	172,868	67.41	20.66	+2.3	+3.3	+13.4	+17.0
Tennessee	24,319	86,438	64,984	1,169,657	47.69	13.42	-3	-4	+5.1	+3.4
Texas	19,289	74,024	55,007	836,641	43.37	11.30	-1	+1	+0.1	+5.6
Utah	3,278	11,438	8,440	302,505	92.31	26.46	-9	-2	-8.3	-8.0
Vermont	1,037	3,588	2,791	55,267	53.30	15.40	-4	-3	+4.6	+4.2
Virginia	8,514	31,603	24,020	426,451	50.09	13.46	+0	+1.8	+12.5	+24.2
Washington	11,287	37,166	26,742	1,487,396	131.78	40.02	-7	+5.7	-10.0	+16.3
West Virginia	18,181	67,301	51,777	1,060,572	68.33	15.76	-8	+4.7	+1.3	+7.8
Wisconsin	8,942	30,370	22,330	911,208	101.00	30.00	+3	+3.0	-2.2	+3
Wyoming	638	2,275	1,694	64,696	101.40	28.44	+3.4	+3.5	+3.4	+14.8
Puerto Rico ¹⁰	11,452	(11)	27,485	85,062	7.46	(11)	-4	-7		

¹ For definition of terms see the *Bulletin*, January 1951, p. 21. Figures in italics represent program administered without Federal participation. Data exclude programs in Florida, Kentucky, and Nebraska administered without Federal participation concurrently with programs under the Social Security Act. Totals exclude Puerto Rico and the Virgin Islands, for which February data are not available. All data subject to revision.

² Includes as recipients the children and 1 parent or other adult relative in families in which the requirements of at least 1 such adult were considered in determining the amount of assistance.

³ Number of adults included in total number of recipients is estimated.

⁴ States with plans approved by the Social Security Administration.

⁵ Increase of less than 0.05 percent.

⁶ Excludes cost of medical care, for which payments are made to recipients quarterly.

⁷ Average payment not calculated on base of less than 50 families; percentage change on less than 100.

⁸ No change.

⁹ In addition to these payments from aid to dependent children funds, supplemental payments of \$82,940 from general assistance funds were made to 2,313 families.

¹⁰ Represents data for January 1951; not included in totals.

¹¹ Data on number of adults not available.

(Continued from page 33)

Public Health Reports,
 Washington, Vol. 66, Feb. 9, 1951,
 pp. 163-166. 10 cents.

An address by the Surgeon General
 of the Public Health Service.

VAN STEENWYK, E. A. "Recent Developments in the Use of Blue Cross and Blue Shield Plans." *American Journal of Public Health and the Nation's Health*, New York, Vol. 41, Feb. 1951, pp. 147-151. 70 cents.

WARNER, ESTELLA FORD, and FLOOR, EVELYN. "Résumé of Public Health Grants-in-Aid Programs Providing Medical Services." *Public Health Reports*, Washington, Vol. 66, Feb. 9, 1951, pp. 167-182. 10 cents.

Table 14.—*Aid to the permanently and totally disabled: Recipients and payments to recipients, by State, February 1951*¹

[Exclusive of vendor payments for medical care and cases receiving only such payments]

State	Number of recipients	Payments to recipients	
		Total amount	Average
Total	74,687	\$3,301,057	\$45.40
Alabama	7,847	168,508	21.47
Colorado	43	2,315	(*)
Delaware	64	2,704	42.25
District of Columbia	689	35,134	50.90
Hawaii	370	17,083	46.04
Idaho	327	16,382	50.10
Illinois	415	16,959	40.87
Kansas	2,480	116,177	46.85
Louisiana	15,228	472,198	31.01
Maryland	475	18,031	37.96
Michigan	12	763	(*)
Mississippi	248	3,991	16.00
Missouri	5,588	262,629	47.00
Montana	633	37,067	58.56
New Mexico	661	27,330	41.98
New York	24,908	1,481,593	59.48
North Dakota	232	11,400	49.14
Ohio	1,253	54,025	43.19
Oregon	1,170	72,625	63.07
Pennsylvania	5,404	186,237	36.70
South Carolina	1,770	57,600	32.60
Utah	1,457	71,770	49.26
Vermont	178	3,758	15.49
Virginia	1,753	60,027	34.24
Washington	2,361	189,679	80.34
West Virginia	10	349	(*)
Wisconsin	757	47,276	62.45
Wyoming	364	19,396	53.29

¹ For definition of terms see the *Bulletin*, January 1951, p. 21. Figures in italics represent programs under State plans not yet approved by the Social Security Administration. Excludes Virgin Islands, for which February data are not available. All data subject to revision.

² Represents States reporting plans in operation.

³ Average payment not computed on less than 50 recipients.

Table 15.—*General assistance: Cases and payments to cases, by State, February 1951*¹

[Exclusive of vendor payments for medical care and cases receiving only such payments]

State	Number of cases	Payments to cases		Percentage change from—			
		Total amount	Average	January 1951		February 1950	
				Number	Amount	Number	Amount
Total	415,000	\$19,568,000	\$47.19	-1.0	-1.6	-33.8	-36.6
Ala.	102	2,289	22.44	-3.8	-7.5	-98.8	-97.8
Alaska	111	4,033	36.33	-3.5	-6.9	-5.9	-5.5
Ariz.	1,360	56,032	41.20	-9.5	-1.2	-5.4	+0.8
Ark.	2,577	33,261	12.91	-1.0	-1.1	+1.1	+1.9
Calif.	35,489	1,478,125	41.65	+3	-1.7	-33.2	-39.9
Colo.	4,864	205,303	42.21	+2.4	-3	-10.5	-7
Conn.	4,469	216,131	48.36	+1.0	-2.6	-33.7	-38.3
Del.	1,116	40,804	36.56	-1.8	-1.0	-22.7	-26.4
D. C.	1,063	54,505	51.41	+2.1	+2.0	-31.0	-34.7
Fla.	5,100	8,76,800	(*)				
Ga.	3,362	55,916	16.63	-2.2	-2.6	-1.8	-8
Hawaii	3,761	195,115	51.88	-3.9	-4.1	+8	+3.6
Idaho	348	11,972	34.40	-11.2	-12.1	-34.3	-34.7
Ill.	36,810	1,852,883	50.34	-1.6	-4	-22.8	-20.1
Ind.	11,710	351,942	30.05	-3.7	-7.7	-36.0	-31.0
Iowa	4,331	136,803	31.59	-3.5	-3.0	-14.5	-13.6
Kans.	2,874	124,259	43.24	+3.9	+4.0	-55.5	-60.5
Ky.	3,374	77,591	23.00	+2.3	+1.3	-11.2	-7.3
La.	5,961	176,711	29.64	+7	+1.5	-78.2	-81.1
Maine	4,370	198,000	45.31	(*)	(*)	-19.4	-14.7
Md.	5,326	239,202	44.91	-0.7	-4.3	-6.7	-12.3
Mass.	22,067	1,126,240	51.04	-9	-4.9	-19.2	-22.3
Mich.	23,075	1,011,147	42.18	+1.4	-0.3	-43.6	-50.5
Minn.	7,557	366,521	48.50	+2.0	-1.1	-16.8	-18.8
Miss.	791	8,987	11.36	+11.3	+11.6	+14.3	+17.3
Mo.	12,752	396,000	31.05	-2.4	-3.3	-26.9	-29.4
Mont.	1,090	37,949	34.52	-6.4	-11.0	-39.7	-42.5
Nebr.	1,636	57,550	35.18	+3.1	+5.7	-22.3	-17.0
Nev.	415	11,200	26.99	+1.2	+9	+4.0	+0.9
N. H.	1,627	66,415	40.82	-1.1	+1.3	-35.4	-38.0
N. J.	9,900	565,300	(*)				
N. Mex.	1,239	28,216	22.77	-9.0	-9.9	-31.7	-34.0
N. Y.	61,245	4,674,611	76.33	-9	+1.1	-34.6	-30.3
N. C.	4,154	69,056	16.62	-2.6	+2.9	-6.7	+7.2
N. Dak.	967	39,803	41.16	+3.9	+3.0	-25.6	-25.2
Ohio	24,881	1,066,809	42.88	-2.1	-2.9	-37.0	-40.6
Okl.	9,400	126,857	(*)	(*)	+13.6	(*)	+17.1
Oreg.	6,581	371,654	56.47	+3.6	+2.1	-45.8	-37.4
Pa.	35,985	1,898,200	52.75	-5.7	-4.6	-41.7	-52.4
R. I.	4,863	266,088	54.72	-4.9	-14.3	-35.3	-42.7
S. C.	3,350	41,306	12.33	-1.9	-3	(*)	(*)
S. Dak.	1,067	31,000	29.05	+11.1	+10.7	-5.6	-8.7
Tenn.	3,160	34,770	11.00	-9.0	+3	+13.3	-6.8
Tex.	4,600	90,000	(*)				
Utah	1,178	60,056	50.98	+12.3	+12.2	-61.3	-61.0
Vt.	1,100	36,000	(*)				
Wash.	15,990	1,165,101	72.82	-2.8	+5	-39.8	-31.9
W. Va.	6,108	132,936	21.76	-9.7	-7.0	+15.9	+13.2
Wis.	6,716	330,851	49.26	+4	-5	-40.6	-45.1
Wyo.	383	17,527	45.76	+26.0	+17.5	-45.4	-45.4
P. R.	6,251	46,878	7.50	-1.6	-1.6		

¹ For definition of terms see the *Bulletin*, January 1951, p. 21. All data subject to revision.

² Partly estimated; does not represent sum of State figures because total excludes for Indiana and New Jersey payments made for, and an estimated number of cases receiving, medical care, hospitalization, and burial only. Excludes Puerto Rico and the Virgin Islands, for which February data are not available.

³ State program only; excludes program administered by local officials.

⁴ About 11 percent of this total is estimated.

⁵ Partly estimated.

⁶ Excludes assistance in kind and cases receiving assistance in kind only and, for a few counties, cash payments and cases receiving cash payments. Amount of payments shown represents about 60 percent of total.

⁷ Includes unknown number of cases receiving medical care, hospitalization, and burial only, and total payments for these services.

⁸ Increase of less than 0.05 percent.

⁹ Estimated.

¹⁰ Includes cases receiving medical care only.

¹¹ Includes 2,813 cases and payments of \$32,940 representing supplementation of aid to dependent children payments.

¹² Excludes estimated duplication between programs; 1,847 cases were aided by county commissioners and 7,981 cases under program administered by State Board of Public Welfare. Average per case and percentage changes not computed.

¹³ Not computed; comparable data not available.

¹⁴ Estimated on basis of reports from a sample of cities and towns.

¹⁵ Represents data for January 1951.